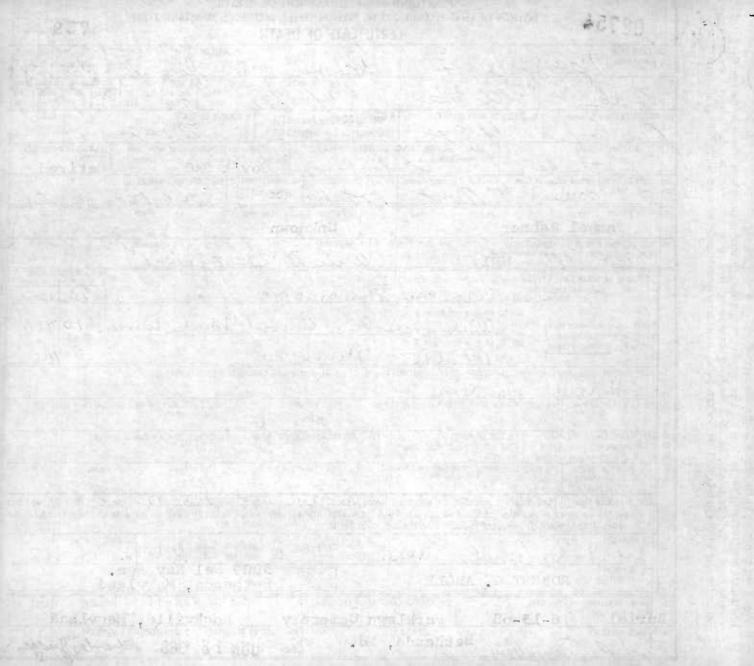
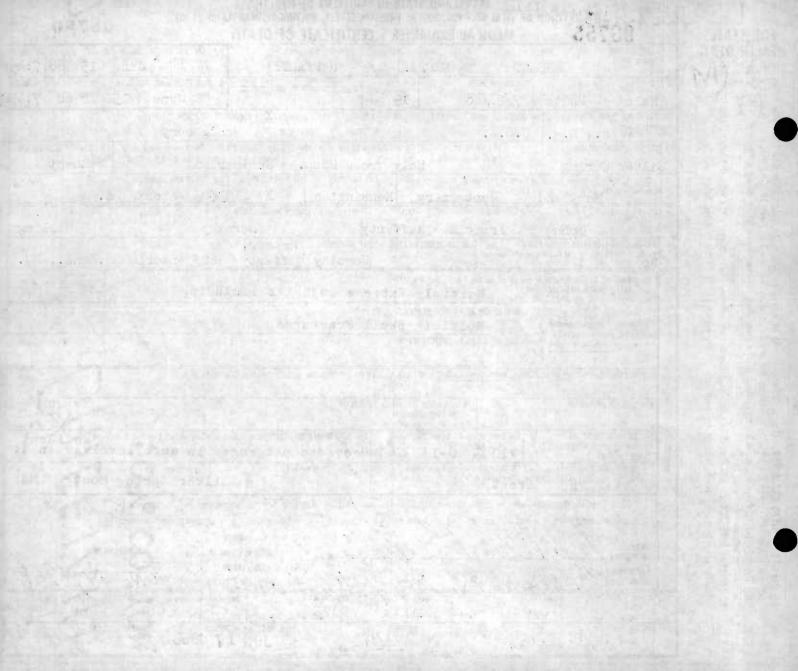


1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
The second second		OS75 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	0759
	I DI	CEASED-NAME — First Middle Lost 2a. DATE OF DEATH	2b. HOUR
death death	(1	ype or print) Doth Doy	Year 136
	3. SE	X 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UM	INDER I YEAR OF LINDER 24 HRS.
of See	0. 50	Male white 11/23/91 last birthday) YRS MONT	
hours hours hours hours	7o. E	SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
ecuted within 24 hours campletely filled in by the ove corbon papers. Pagy event, within 72 hours	COTT	Yell Gord G. S. A WIDOWED DIVORCED Montgone	ery Md.
in 2 fillec pap hin h	10. (TY OR TOWNOOF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.) 12. USUAL OCCUPATION (Kind of work dane life even if retired.)	26 KIND OF BUSINESS OR
ond campletely filled remove corbon pape in ony event, within 7.		Bettlesda give street oddress) Suburban during most of warking life, even if retired.)	NDUSTRY. Retired
ed cor cor ent,		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER sision) STATE 13b. COUNTY 15b. COUNTY 15c. STREET AND NUMBER 15c. ST	
cam cam ove y ev		100 11out Bothester 13 7900 rome	ona do
ote be executician ond camplease remove ond in ony ev	14.	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
n o se din		Samuel Rabner Unknown	
ertificote b physician en please ovol, ond i	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of service) Address Address	ne da
phy en ovo		Gla (mmy WWI) Wife Marghest Coloner.	APPROXIMATE INTERVAL
ne deoth cel attending p permit. The		18 CAUSE OF DEATH (Enter only the cause per line far (a), (b), and (c).)	BETWEEN ONSET AND GEATH
end mit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CEREBRAL THROMBOSIS	30 hours
ne c per ion,		733,7 DUE TO, OR AS A CONSEQUENCE OF	102/16
the the mati		Canditions, it any, which gave (b) Orterior clar ober Come brek - Cancar Can Wincom	LOYRS
PHYSICIAN: The low requires that the death certificate be executed within 24 hours e hospital or attending physicion. The low requires that the attending physician and campletely filled in by this certificate has been signed by the attending physician and campletely filled in by the stacked for use as the burial-transit permit. Then please remove corbon papers. Pa Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours		stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF last. (c) DIABETES METALITUS	5 YRC
uria uria	13	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
w rec	2	332 HIATUS HERIVIA	
The low ratending has been se as the h priar to	ATIO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSID	DERED IN CERTIFYING
AN: The low re old or attending icote has been for use as the Health priar to	CERTIFICATION	YES NO CAUSES OF DEATH?	
AN: ol or icote for u		21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	1B.)
Pitol Pitol d for	MEDICAL	GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19	
PHYSICIAN: he hospitol or this certificate letached for us Dept. of Health	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Co. While Not while	ounty State
		at wark at wark	March Charles
IDING J by th After ti J be de State		220. I certify that (I) (this hospital) attended the deceased from JAN, 31, 1955, to UNI 10, 1968, and that in (my) (our) apinian death occurred an the date a	, that (I) (we) last
OR ATTENDING be retained by th SIRECTOR: After t e 3 should be d ed with the State		causes stated above, (I) (we) (did) (did not) view the body after death.	na nour and train the
AT. Showith vith vith vith vith vith vith vith v		226 SIGNATURE 22c DATE	SIGNED
AL OR y be r L DIRE oge 3 filed w	П	VYCEN DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	10 1968
TAL AL Page Page Fill		224 PHYSICIAN'S NAME (Type) ROBERT G. ANGLE 220. ADDRESS 5009 Del Ray Ave. Bethesda Maryland	3
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		Donesta Mary Edite	
P. See See See See See See See See See Se	23a.	DEMOVAL (Creeify)	ounty) (State)
5-5		SETTIAL CONTROL OF THE PROPERTY OF THE PROPERT	
VR A15 (4) 30M REV. 1/68	14.	. / D.111. 1/3	rles Judges
	4	man T. / humphren	10

CLAIL DEDADIMENT DE



1 #	Ite +01	ms 18.	21, 22 8, 01V	ISION C			O STATE D					AND 21	201		in a my	E2 4 3	
FOR STATE		087	55	0	MEDI	CAL EXA	MINER'S	CER	TIFICATE	OF DE	ATH				087	20	000
HEALTH DEPT.		ECEASED-NAME Type or Print)		First	D.M.		Middle CHAEL		Lost RAFF	עיייסיי	31.3	Ur	KNOWN X	Month June		Year 168	2b. HOUR 7:45
Mag 30 is	3. SE	x	4. RACE	ROBE	S. DATE OF BI		6. AGE (In	veors	IF UNDER 1 YEAR	IF UNDER	24 HRS	-	PRONOUNCE		1)		2d. HOUR
PM3. delay		Male	Whi		7/28/		lost birth	YRS. MC	ONTHS DAYS	HOURS	MIN.		h June		Year	168	7:45
A D D		BIRTHPLACE (State			CITIZEN OF W		-		D NEVER M	ARRIED 🔏	9. COU	NTY OF D					
fary te D	coun	wasn	., D.	C.	U.S.A.			WIDOWE	lead .	VORCED		ntgo					Md.
d be executed within 24 haurs after death d'pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office alang with farm transit permit. File pages 1 and 2 with the State Dy event within 72 haurs after death.	100	ilver S				Street address	Holy	63.	not in hospite s Hosp	1 .			(Kind of wo		12b. KIND INDUSTRY	of BUSIN	IESS OR
s after 18. Give alang 2 with the death.	130	LICITAL DECIDENC	F /Whore	hazaasah	lived, if instit	ution: Reside	nce before 130			13d. INSIDE CITY			ET AND NUN				
12 w		dmission) STATE		and	13b. COUNTY	ntgome	ry K		ngton	YES X		3603	Asto		d.		
haurs Item 18 Office Office after d	14. F	ATHER'S NAME	First		Middl	е	lost Raffe		. MOTHER'S M	AIDEN NAME	First	ther	Mi	ddle		lost Mell	inc
hin 24 ncil in niner's pages haurs	16a. 1	WAS DECEASED EV	Joh:			ncis	SECURITY NO.	- 0	NFORMANT	Mothe		oury	ADDRE	SS		**6.7.1	- TII 8
within pencil xamine ile pag	(Y	es, no, or unknow	m) (If		or dates of service)				rothy	-	,	3603			d . Ker	ns.,	Md.
ed with in personal Example 1. File iin 72		18. CAUSE OF	DEATH (En	ter only o	ine couse per	line for (a), (b	o), and (c).)						1			PROXIMATE IN	
be executed "pending" in nief Medical E ansit permit. F		PART I. D	EATH WAS (CAUSED BY	Y: CAUSE (a)	Multip	le Ext	rem	e Inju	ries	incl	Ludir	ng				
exe f Me f Me iit pe		819,	1			R AS A CONSE		77	M						100		
d be d 'p Chie rrans	1	Conditions, if o rise to immed	iote couse	(0), (1-1	MULTIP R AS A CONSE	le Ski	111	rractu	ires		200			-		
var var ial-		stating the un last.	derlying co	ouse	DUE 10, 0	K AS A CONSE	QUENCE OF										
te sk the 3 ta a bu nd ir		PART 2. OTHER S	SIGNIFICANT	CONDITIO	NS CONTRIBU	TING TO DEAT	H BUT NOT REL	ATED TO	THE TERMINAL	DISEASE OR	CONDITIO	N GIVEN II	N PART I(a)				
certificate writing th rwarded t used as a naval, and		8254												5/E			
	CERTIFICATION	190. DATE OF O	PERATION				TION FOR WHICE	H OPERAT	ION			101.3			20.	AUTOPSY?	
_C n a) _0 /	RTIFI	21a. EXTERNAL (CALICE MAC	1200	TOTAL TIME OF	F INJURY Mont	1 1-1-	Lai	DOWN BUILDY	OCCUPATED OF			1 0 11	2 . 2 .	101	YES	NO 🗍
= = =		PRIMARY TO O	R CONTRIBUT	TING [710 P		1, Day, 1801 L3 19 61	B De	HOW INJURY	nas.	en g	e or injury	n aut	or Port 2, i	volv	ccide	n A.
INEI INEI Shau files files a shau natio	MEDICAL	CAUSE OF DEAT		21e. PLA	CE OF INJURY	(At home, for			OCATION Street	_).	City	or Town		County		State
(AMINER: te the certifie to the certifie of the certifies		AT WORK	T WORK	foctor	y, office buildi	ng, etc.)					36	Silv	er Sp	ring	Mon	tg	Md
ical Examiner: execute the cert rar. Page 4 shault ed far yaur files. CTOR: Page 3 shau butial, crematian,	190	22a. I	certify th	at 11901	k chorge of	the remoins	s described	bove,	eld an Aut	tapsy	Ins	pection	M, In	quiry 🔀	on on	d in my	opinion
se exector Portar. Por		death re	sulted fro	im:	Natural cau	ises 🔲	Aceidem [s./s	uicide 🔲,	Homicio	de 🔲,	Unde	termined	manner			
please direct direct retaine DIREC		ACTUAL	1	100	11/2	110	1 /			HIEF MEDICAL				001 0 475	CLONED		
Price price		SIGNATURE		er.	Ken	1	1 /	Ma	171.0.	SSISTANT MED EPUTY MEDIC		America .		22b. DATE	SIGNED	10	11-
O DEPUTY necessary, p the funeral of S may be re O FUNERAL I Health priar		NAME (Type)	BE	100	EN	*	KEX	HO		DDESSIBLE			inty) V	THE	14	17	68
TO DEPUTY necessary, please the funeral direct 5 may be retaine TO FUNERAL DIREC Health priar ta b	23a	BURIAL CREMA		23b. DA	_		NAME OF CEN	CTERT OR	CREMATORY				(City or To	wn)	(County)	Į\$ti	ote)
28		REMOVAL (Speci		hun	ve 17.	1968	tit	2 4	Hea	un	In the second	Wh	ual	on	, Y	na	
VR A15ME (5)	24.	FUNERAL DIRECT	lla	Trel	1 36	031	4 MORES	Wh		DATE D	UN I	7 1S	968 R	EGISTRAR'S	SIGNATUR	Jung	~
10M REV. 1/68						Na	1h -	man de	20010	DAIL			4		- 6	-	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08755 08761 CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED-NAME Middle 2b. HOUR death. (Type or print) Manth funeral lease remaye carban papers. Pages 1 and in any event, within 72 hours after 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HPS 6. AGE (In years within 24 hours after last birthday) DAYS MONTHS 1 HOURS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED 2 WIDOWED X DIVORCED [pletely filled 10. CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done KIND OF BUSINESS OR give street oddress) most of working life resolo 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER NO [14. FATHER'S NAME Middle OTHER'S MAIDEN NAME First requires that the death certificate be 16a, WAS DECEASED-EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMAN Address Yes, na, ar unknown | hij yes growar or dates of service) burial, cremation, or remaval, 014-26-755 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Myocardial infarction IMMEDIATE CAUSE (a) _____ DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if any, which gove) Cerenary thrembesis rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Cerenary arteriescleresis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🛣 NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work ATTENDING 220. I certify that (I) (this haspital) oftended the deceased from 30, 19 67, to 30, 19 67, that (I) (we) last saw the deceased olive any 100 from the saw the deceased olive and that causes stated above, (1) (we) (did not) view the bady after death. be retained 22b. SIGNAFORE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF June 30. 1968 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) George 10400 Conn. Ave. MXM. Kensington. Md. Sharp. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE (County) (State) Fall River, Mass. 7-2-1968 Oak Grove Cemetery 25a. REC'D BY REGISTRAR 24 JUNERAL DIRECTOR WISC. Ave. N.W., Wash., D.C., 20016 , 5130 Wisc. Ave. 2Sb. REGISTRAR'S SIGNATURE VR A15 41 30M REV. 1768

ti , , ou oc i : "to , unico s ais. The state of 8. 10 m 2 m 1 m 2 m 1 m 2 m 1 m 1 Edge (VC restrict to the Committee C the control and the same arms to the same

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE KNOWN Yeor (Type or Print) 6/20/68 DEATH MATED OFFICE Crair XXXIM 3. SEX IF UNDER 24 HRS. 4. RACE S DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOLINCED DEAD W Year M 2-7-1890 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH MONTGOMERY WIDOWED | DIVORCED [the State Memphis. Mo. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) INDUSTRY giver over the property of the SILVER SPRING US Govt Office along 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN deoth. 13d. INSIDE CITY LIMITS? 3e. STREET AND NUMBER 13b. COUNTY MONTG. admission) STATE 901 Arcola Ave. S.S. YES NO ond2 after 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME Lost First Middle Last William KX Thomas Reddish Jennie Baker .= poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil within **ADDRESS** (Yes, no, or unknown) (II ves give war or dates of service) 578-62-4567-TAdah R. Reddish/ 1734 Taylor St. Yes: USAF File be executed 18. CAUSE OF DEATH (Enter only one cause per lime for (a), (b), and (c).) BETWEEN ONSET AND DEATH Chief Medical PART I. DEATH WAS CAUSED BY pending" IMMEDIATE CAUSE (n) DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Canditions, if any, which gave rise ta immediate cause (a). certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 forworded writing removol, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate. YES pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that taak charge of the remains described above, held an Autopsy Inspection 1 Inquiry X and in my apinian death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUT EXAMINER'S DEPUTY MEDICAL EXAMINER FO FUNE NAME (Type) 230 BURIAL CREMATION, 23h DATE 23c. NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Parklawn Cemetery Burial Rockville. Montgomery County 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Joseph Gawler's Sons, Inc., 5130 Wisc. Ave. VR A15ME (5)

10M REV. 1/68

N.W. Wash. D.C. 20016

, the second second second second second

MAKYLAND STATE DEPARTMENT OF HEALTH

0.3 OLIE EZELLE KEED JULE FIRM WA Missaur die Heile Heile Misroll Vielen THOUGH FOR HELETING CONSON FOR SOME SOME SOME SOME Perpart of Contract of Page 6 1 ... AND ESTABLES OF THE STATE OF and the wolvester - above a state of the second Control of the Contro entino del 1973 de 1960 de 196 Entre la como de 1960 d The Carlo Ca The state of the s

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08764 CERTIFICATE OF DEATH First Middle Lost 1. DECEASED-NAME 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. deoth The funeral (Type or print) Month Take e10 after 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years IF UNCER 1 YEAR last birtheay) DAYS HOURS YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH NEVER MARRIED .⊑ WIDOWED DIVORCED [JONTGO MER ond completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital and in ony event, within 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** please remove corban Teach 136. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER STATE 13b. COUNTY NO [MONTGAMERO Middle 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle homas physicion 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 5300 MohicAN Yes, no, or unknown) (If yes give war or dates of service) burial, cremation, or removol, the attending phys 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Full-Blodd Conditions, if ony, which gove buriol-tronsit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE Page 4 may be retained by the hospital or attending physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to l hos been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 286. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING be detoched for use os Stote Dept. of Heolth prior CAUSES OF DEATH? YES 🗀 NO [this certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 2/10, 193.3, to 6/10, 196, that (I) (we) lost sow the deceased alive on 6/10, 1966, and that in (my) (aur) apinion death occurred and the date and haur and from the O FUNERAL DIRECTOR: After director, page 3 should should be filed with the couses stoted obove, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 809 Viers Mill 22d. PHYSICIAN 22e. ADDRESS STEPHEN/N JONES NAME (Type) Rockville Maryland 230. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (Stote) 6-13-68 Painesville. Ohio Evergreen Cemetery PUMPHREY, Bethesda, Maryland 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68

MAKYLAND STATE DEPARTMENT OF HEALTH

93700 The state of the s en a compressive service describe describe de la compressive della The transfer of the transfer o The state of the s ping , all by great to grade the court was a constant of the with a converse to the contract, but I am the tell to the tell the

Search and the second of the s greet see the second se The later of the second AND THE RESIDENCE OF THE PARTY and waster mean abit with morate tame the and second Series and a state of the second second

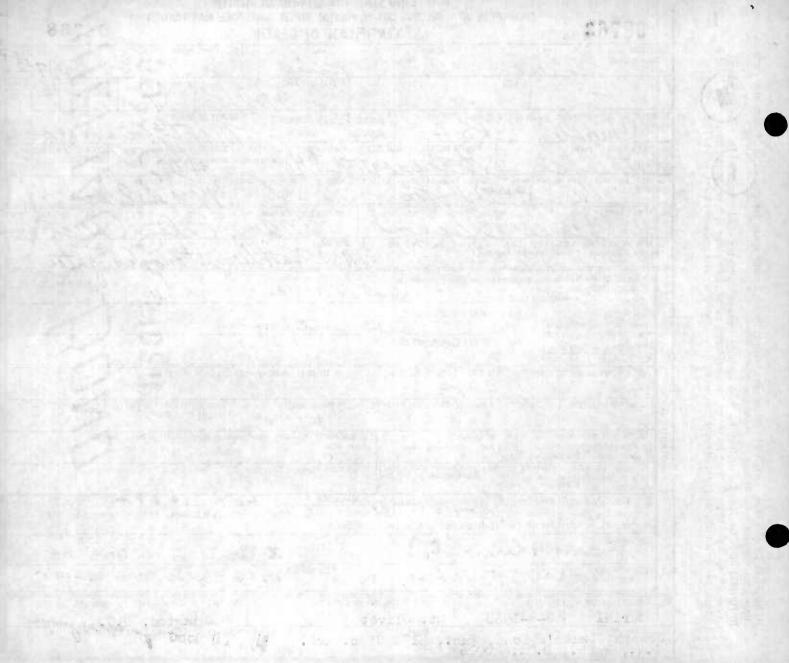
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost Middle 20. DATE OF DEATH 2b. HOUR deoth. deoth. (Type or print) GEORGENIA KichARdSON ·30AN 3. SEX S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR IF UNDER 24 HRS after lost birthdoy) MONTHS DAYS HOURS -16-91 requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED attending physicion and completely filled in permit. Then please remove corbon papers. buriol, cremation, or removal, and in any event, within 72 h country) WIDOWED X DIVORCED [hontgomeny MICHIGAN NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during most of working life, even if retired.) INDUSTRY 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY NO [Montgomeny Coten Echo YES 🔀 hoof Oscaolo 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First MARIAM HERN DON WEINBERG WILLIAM 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 578-26-43370 Osceolo Rd, Glen 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 'ARCINOMA (Adano) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) buriol-tronsit rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospitol or ottending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) FUNERAL DIRECTOR: After this certificate hos been 3 should be detoched for use os the director, page 3 should be detoched for use as the should be filed with the State Dept. of Health priar to MONARY CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO X 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this hospitol) ottended the deceosed fram b - Y _____, 19_6V, ta_ ____, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on____ couses stored above (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. mD DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Edwin E. Westura. 209 Panorama Dr., So., NAME (Type) Wash. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (Stote) (County) Cedar Hill Cemetery 0 Suitland. P.G.Co., Maryland 1968 FLOWER OF 24. FUNERAL DIRECTOR Gawler's Ave. N.W., Sons, Wash., Inc. VR A15 (4) 30M REV. 1/68

14720 THE RELEASE WAS THE RESERVE OF THE R the literate that the property of the second PROBLEM CONTROL OF THE PROPERTY OF THE PROPERT are and the proper for the contract the first that the motor (man) management The state of the s , or 1, 100 miles

l I	tems B-12	18,23	e film	N OF VITAL	MARYLAND RECORDS, 30	STATE DEF I W. PRESTO	ARIMENT ON STREET,	OF HEAL BALTIMOR	TH E, MARYI	AND 21	201		03	76:	7
FOR STATE		081	762		ICAL EXAM										
HEALTH DEPT.		SED-NAME or Print)	Firs	HETTA	Mid	dle JUCY		ost GGS			KNOWN X ESTI- MATED	Month June			2b. HOUR 8:4
3 to 3 to Page	3. SEX		4. RACE	S. DATE OF		6. AGE (In year			DER 24 HRS.		PRONOUNCED		10	1900	2d. HOUR
any deloy is 2, and 3 to PM3. Page	FeMa	40074	White	4/17		last birthday)	MONTHS	DAYS HOUR		Mant		Day 18	Year	1968	8:45E
	7o. BIRT	HPLACE (State			WHAT COUNTRY?			ER MARRIED	9. COU	INTY OF D		10		.,00	3 . 1 / 2
- Se - Co	country)	Maryl OR TOWN OF	and	USA			DOWED 🗌	DIVORCED		ontgo					M
Poges 28	1000	or town of Lver S		gi ⁻	NAME OF HOSPITA ve street oddress) HC	AL OR INSTITUTION	ON (If not in hi	ospitol 12c	. USUAL OC	CUPATION Lworking	(Kind of wo life, even if i	retired.)	12b. KIND INDUSTRY INC	OF BUSII	VESS OR
- ≥ on	13o USI	JAL RESIDENCE	(Where decea	sed lived if in	titution. Pacidance	hefore 36	Y OR TOWN	13d. INSIDE (ET AND NUM		me		
of dea vi	odmis	ssion) STATE Ma	ryland	13b. COUNT	ontgomer	y Ro	kville	YES K	NO 🗌	5103	Rand	olph	Rd.		
24 hours in Item 18 so Office is 1 after d		ER'S NAME	First	Mic	idle	Lost	15. MOTHER	S MAIDEN NA			- Mid	ldle		Lost	-
hin 24 ncil in 1 niner's (pages 1 haurs c	1/ - 14/45	DICTACED CVC	Edwin R IN U.S. ARMED	G.	-	Riggs	17 11/2001/14	M - 41	Ne	11	100000		Н	oove	r
within 24 pencil in xominer's ile pages 72 haurs		no, or unknowr O		war or dates of servi	(e) 16b. SOCIAL SE	LUKIIT NU.		Mother I. Rigg		5103	Rando)	d R	k w l	Md.
				ly one rause of	er line for (a), (b),	and (c))	METT I	*******	5)10)	enido.	Thu w	APP	ROXIMATE II	NTERVAL
executed inding" in Medicol E t permit. F		PART I. DE	ATH WAS CAUSE	D BY: ATE CAUSE (a)_	Sudden	Death	in Inf	ancy					BEIWI	EEN ONSET A	NO DEATH
be executed "pending" in ief Medicol E. ansit permit. Feent within		715	X		OR AS A CONSEQU	ENCE OF			E 194			Rdie		8.0	
l be d "pe l'hief ransit	ris	inditians, if an e ta immedia	γ, which gave ate cause (a),	(b)_	(SDII);		Logy u	nknown				2316			
should be one ward "pe on the Chief buriol-transit in ony even	sto		erlying cause	DUE TO,	OR AS A CONSEQU	ENCE OF									
ate she was the was to the to the so burnand in			GNIFICANT CONF	(c)_ OITIONS CONTRIE	BUTING TO DEATH I	BUT NOT RELATE	O TO THE TERM	NAL DISFASE (OR CONDITIO	N GIVEN IN	V PART 1(a)		!		
ficat ing rded os c os c		795.	2							NOTICE OF	· · · · · · · · · · · · · · · · · · ·				
This certificate should icate, writing the ward be forwarded to the Cl dbe used os o buriol-troor removol, and in ony	CERTIFICATION 136	DATE OF OP	ERATION		19b. CONDITIO WAS PERI	N FOR WHICH C ORMED?	PERATION				500			AUTOPSY?	NO 🗆
Thicalification of the latest	₹ PF	D. EXTERNAL CARIMARY OR AUSE OF DEATH	AUSE WAS CONTRIBUTING		OF INJURY Month, I R A.M. P.M.	Doy, Year	21c. HOW INJU	URY OCCURRED	(Enter notu	re of injury	in Port 1 or	r Port 2, Ite	m 1B.)		
Sh fill sh fot of		WHILE NOT AT		PLACE OF INJUR	Y (At hame, farm, Iding, etc.)	street,	21f. LOCATION	Street or R.F.D.	Na.	City	or Town		County		State
JICAL EXAM lease execute the director. Page 4 stained for your DIRECTOR: Page r to burial, crem				aok charge d	of the remoins of	escribed obo	ve held an	Autapsy], Ins	spection	Da; Inc	quiry 🔀	? one	d in my	apiniar
ctor		deoth res	ulted from	Noturol c	ouses 🕱	ccident []	Suicide [, Hom	icide,	Unde	termined	manner [
		CTUAL	1/2/2	0.11.	1//	11,	h		CAL EXAMIN	_	1000	OOL BATE C	ICHED		
TY.	5	IGNATURE _	· Car	accin	1319	7 /	M.D		MEDICAL EXA MEML EXAMI	-		22b. DATE S	IGNED	> 11	2/ -
necessory, property the funeral 5 may be rate Funeral 5. To FUNERAL Health price		XAMINER'S		EN /	Y NE	AB.	M.D.		feet city to		inty) of	THE	13	17	68
10 T S T He	23a. Bl	JRIAL, CREMATI MOVAL (Specif	ON, 23b	DATE	23 c. N	AMP OF SEMETE	RY OR CREMAT	ORY	23d.	LOCATION	(City or Tov	vn)	(County)	(Sto	ate)
0 1	urro	u	1 2	2 June	1968 Ga	te of k	eaven (ilve	0 - 1 - 0 -		laryl	and	
VR A15METER	111	nen E	La Windle	8431			M I	DATE	UN 2	5 19	68 A	GISTRÁR'S S	Cas	udg	2
08	1-1	005	9						05:11				U		

man to any private streeth Astronomy of 150 . II. Aller . The Committee of the commi the state of the state of Manage Conserve and States of the state of the state of the states of the The state of the state weeking weeking as a sun 25 Bes of the services and the

1			MAKTLANI	D STATE DEPARTMENT	OF HEALIN	
		and the same of	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET,	, BALTIMORE, MARYLAND 21	201
		08763		ERTIFICATE OF DEA	ATH	08768
		CEASED-NAME First	Middle	last	20. DATE OF DEATH	2b. HOUR
	(ype or print)	111 0	King	Month	Doy 1801 753 N
3	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In y last birthage	POTS IF UNDER 1 YEAR IF UNDER 24 HRS.
		1	W	19	/18/03 last birthdo	YRS. MONTHS DAYS HOURS MIN
ď	7o.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
		(hings)	U.S. A	WIDOWED DIVORCED		mens Co Md
20	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS give street oddress)	TITUTION (If not in hospital	20. USUAL OCCUPATION (Kind of wor uring most of working life even if re	k done 12b. KIND OF BUSINESS OR INDUSTRY
70	0	Delheida	VIRALEN,	DUNA 11.10	94.W.	
73	13o. adm	USUAL RESIDENCE (Where deceosission) STATE	ed lived, if institution: Residence before	13c, CITY OR TOWN 13d, INS	SIDE CIPY LIMITS? 13e. STREET AND NUM	IBER C
7		Va.	willington		1000	, CAdel
	14.	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN	NAME FIRST	iddle tast
	160	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 116b. SOCIAL SECURITY N	O. 117. INFORMANT	veg ceen	dress
	100	es, no, or unknown) (If yes give v	vor or dates of service)	VAVA. Ta	thleen Stone	Con con Ptar
		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), ond (c).)		Town of carry	APPROXIMATE INTERVAL
	10	PART I. DEATH WAS CAUSE	D BY:	not vascula	a aludia e	BETWEEN ONSET AND OEATH
		4369 IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF			
		Conditions, if ony, which gave		permane	mi	ALC: THE RESERVE AND IN
		rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
		lost.	(c)			
		PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1(0)	
	z	331X				
V	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER		CALLEGE OF DEATING	NDINGS CONSIDERED IN CERTIFYING
0.0	RTIFI			YES 🗆	NO [
	AL CE	210. ACCIDENT WAS UNDERLYING CAUSE OF DEAT		21c. HOW INJURY OCCURRED	D (Enter noture of injury in Port 1 or	Port 2, Item 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ner) P.M. 19	(Spy) and leading		
	2	21d. INJURY OCCURRED While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORFICE BUILDING, ETC.	21f. LOCATION Street or R	R.F.D. No. City or Town	County Stote
		of work of work	:- h'a-l\ -aa l	I from Not of	10 (+0	F 140 AL-4 (1) / 1
		sow the deceased of	is hospital) attended the decease	ond that in (my) (a)	ur) opinion death occurred on	the date and hour and from the
		couses stoted obove	e, (I) (we) (did) (did not) view the	oody ofter deoth.	or opinion acom occorred on	THE GOLD ONG HOUR HORI III
		22b. SIGNATURE	L. (A)	ATTENDING	MED STAFE	. 22c. DATE SIGNED
		Frank	1 much 4	11113.	MED. STAFF DIRECTOR PHYS.	6-5-68
1		22d. PHYSICIAN'S NAME (Type) F A A	NIC FINNERTY	22e. ADDRESS	1726 6482	n. n. wash
-	-	*				
	230.	REMOVAL (Specify) 6		EMETERY OR CREMATORY	23d. LOCATION (City or Tov	, , , , , , , , , , , , , , , , , , , ,
	24.	FUNFRAL DIRECTOR -	-8-1968 Mt. Ol	.IVet	REGIA BY REGISTRAR 256. REC	GERAR'S SIGNATURE
58	J	FUNERAL DIRECTOR OSE Ph Gawler	s Sons, Inc., 5130	Wisc. Ave.	RECURY REGISTRAR	



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
	CERTIFICATE OF DEATH
death	OECEASED-NAME First Middle Lost 20 DATE OF DEATH (Type or print) Camille Loglier Riverburgh Winter Doy Year
after	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In yours lighthody) White August 10, 1895 1895 1895 1997 1997 1997 1998 1998 1998 1998 1998
	o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 2 NEVER MARRIED 9. COUNTY OF DEATH
	New York City U.S.A. WIDOWED DIVORCED Montgomery
00	0. CITY OR TOWN OF DEATH Silver Spring 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY Nousewife 12c. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY Nousewife
	3a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before dission) STATE 13b. COUNTY Montgomery Silver Spr. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Colony YES NO 138 ESSEE Road
1	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	Grank Loglier Adelaide McKay
	16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war ardates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT O36-18-9022A Mr. Dexter U. Rivenburgh 5.38 Colony Road
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONST AND DEATH PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONST AND DEATH PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONST AND DEATH PART I. DEATH WAS CAUSED BY:
H	IMMEDIATE (AUSE (o)
	Conditions, if ony, which gove) DUE TO, OR IS A CONSEQUENCE OF Conditions, if ony, which gove) DUE TO, OR IS A CONSEQUENCE OF Conditions, if ony, which gove)
7.5	stoting the underlying couse DUE TO, OP AS A CONSEQUENCE OF THE UNDERLYING COUSE OF THE UNDERLY OF THE UNDERLYING COUSE OF THE UNDERLYING COUSE OF THE
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	HADNITENSINU APTERINGELLANDE - AND POXIA
2	190. DATE OF OPERATION 19b. CONDUTION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS VINDERLYING 21b. TIME OF JUNIORY 121c. HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 2. Hern 18.)
	금 (If either, notify medical examiner) 19
	21d. INJURY OCCURRED While Not while of work o
	22g. certify that (1) (this haspital) aftended the deseased from 1991, to Addition 1, 1966, that (1) (we) la
	saw the deceased alive an
	22b. SIGNATURE MM 25 FAMILIE MILE DEGREE PHYS. DIRECTOR D
9	22d. PHYSICIAN'S TOMPS F. QUINK MP 22e. ADDRESS NAME (Type) TOMPS F. QUINK MP 1706 NEW HOUR D'SHINE COME. Of COMPY.
	230. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Store)
1	A SURVAIL THE 20 1968 COUNTY PALL CONCERNS DECISION 1740
88	Varner E. Pumphrey, Inc. Silver Spring, Md. DATE, IN 21 1968 Icharles Judge
-	

	Ite	ms 18,22a film 401 MARTLAND STATE DEPARTMENT OF HEALTH 26-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	7-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	770
HEALTH DEN		ECEASED-NAME First Middle Lost 20. DATE KNOWN Month D	ay Yeor 2b. HOUR
is ge af	0	Type or Print) Myrrel Lee Roberts OF ESTI- 6	9 1683:05
delay is and 3 to A3. Page tment a	3. SI		2d. HOUR
y deli	M.	ale White March 6, 1922 46 YRS. MONTHS DAYS HOURS MAN. June	Year 169 3:05
1, 2, 1, 2, m Fm	7o. I	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
farm farm	No:	rth Carolina America WHOWELL Montgomery	Mc
e Page with the Star		give street address) during most of working life even if retired \ IN	Rb. KIND OF BUSINESS OR IDUSTRY
	[a	koma Park Washington Sanitarium USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
s after 18. Giv alang 2 with 1 death.	0	dmission) STATE 13b. COUNTY Silver Springs No 2935 Bonifant	Street
hours Office Office after of	14, F	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 hours 25 Office 15 Office 15 Safter 15 After		Roberts Estelle Humphri	es
hin 24 ncil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
within 2 m pencil in Examiner Examiner File page:	(,	(es, no, or unknown) (If yes give wor or doles of service) 239 24 2474 Patient's chart	
7 .=		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in iief Medical E ansit permit. F event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Severe Anemia secondary to	
exe end f Me it pe		15 / 9 DUE TO, OR AS A CONSEQUENCE OF	
d 'pe d 'pe Chief ransit		conditions, if only, which gave rise to immediate couse (o). (b) Metastatic Gastric Carcinoma	
shauld be executed ne word "pending" is the Chief Medical burial-transit permit.		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
This certificate shauld be executer cate, writing the word "pending" be farwarded ta the Chief Medical I be used as a burial-transit permit.		(c)	
certificate sh writing the urwarded ta used as a bu maval, and ir		5/X Congestive Heart Failure	
certif arwar used maval	VIION	196. CONDITION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certific icate, writin be farward al be used as ar remaval,	CERTIFICATION	WAS PERFORMED?	YES NO
<u></u>		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	1 B.)
INER: Tile certifice shauld by files. 3 shauld a shauld by a shaul	MEDICAL	CAUSE OF DEATH P.M. 19	
ICAL EXAMINER: Execute the certifur. Page 4 shauld for your files. CTOR: Page 3 shauld burial, crematian,	W	21d. INJURY OCCURRED VARILE NOT WHILE NOT WHILE foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
XA Ute yau Yau , cre		AT WORK LI AT WORK LI	
DEPUTY SICAL EXAM cessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page alth prior to burial, crem		22a. I certify that took charge af the remains described above, beld an Autopsy X, Inspection X, Inquiry	
Se e ectal		death resulted from: Natural causes 🔯 Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner	
ITY please eral direct direct be retaine RAL DIRECT priar to be		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SI	GNED
JTY, Iny, eral be be pri		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	0 101~
o DEPUTY necessary, the funeral 5 may be 5 FUNERAL Health pri		EXAMINER'S BELOEN & TEAD M.D. ADDICTION OF COUNTY) ONE	7,1168
TO DEPUT necessar the fune 5 may b TO FUNER Health	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF EMPLEY OR CREMATORY 23d. LOCATION (City or Town)	County) (Store)
- 20		Builtat 0/19/00	
Pos		FUNERAL DIRECTOR ADDRESS YSON WHRRLER FUNERAL HOME 1331 Rock. Pike 250. RECT BY REGISTRAR 250. REGISTRAR'S SI	
VR A15ME (5) 10M REV, 1/68	T	YSON WHRRLER FUNERAL HOME 1331 Rock. Pike DATE JUN 17 1968 your	elas Younge

65 75 mushon that I de the same of the transfer of the same n december o mineral and more head 83818345 FOR FOR FORE 9188 THE REPORT OF THE PROPERTY OF The state of the s

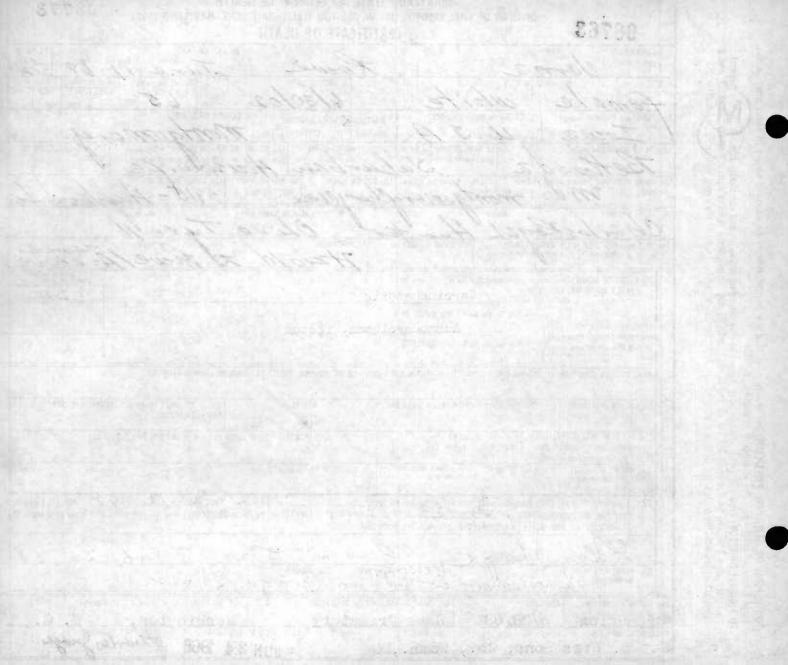
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08765 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2g, DATE OF DEATH 0 Lost 2b. HOUR death, (Type or print) ROBINSON JOHN **LYNN** JUNE 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS within 72 hours after COVERING 3. SEX last birthday) MONTHS HOURS 8-30-02 CAUCASION MALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED A NEVER MARRIED requires that the deoth certificate be executed within 24 how country) Ollinois TISA DIVORCED [WIDOWED [MONTGOMERY ond completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) WASHINGTON SAN & HOSPITAL **VATSUIGNI** TAKOMA PARK RETTRED*FUNERAL DIREC. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY Montgome SILVER SPRING YES NO 11123 Nicholas removal, and in ony 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Middle Last John Robinson Inknown 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT White---Mrs. Ruth Robinson Same Yes, go, ar unknown) N 578-34-2132 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY **D FUNERAL DIRECTOR:** After this certificate has been signed by the attend director, page 3 should be detached for use as the burial-transit permit should be filed with the State Dept. of Health prior to burial, cremotion, or IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) OR ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO M 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at wark O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased fram. MAY 1967 ta _1968, and that in (my) (our) apinian death accurred an the date and have and from the saw the deceased alive an_ causes stated abave. (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR 22d. PAYSICIAN'S 22e. ADDRESS 11161 New Hampshire Avenue Silvery NAME (Type) Hugh Iren 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) incoln Crematory Prince George County 1968 REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 30M REV. 1/68

			o torrespect to Ag		9200
11 1366 31	4.1	TOEST HIS		X/II	
		50-00-5	ANTE STOR		
			.100		
		JATETTANI - RAIS	MORTHER SAR	**	
131-601	WILL I W		mountains 1883	# 4 · · ·	
	rename)			Marieda le	
ii	an day an la	· 1			
		made to the course of the course			
- Cartilla					
or Minkly Departure	electric min wer	1111		104	
	A series of		* 1 * 02 * 1	l shall all shall	* * 5.18.0

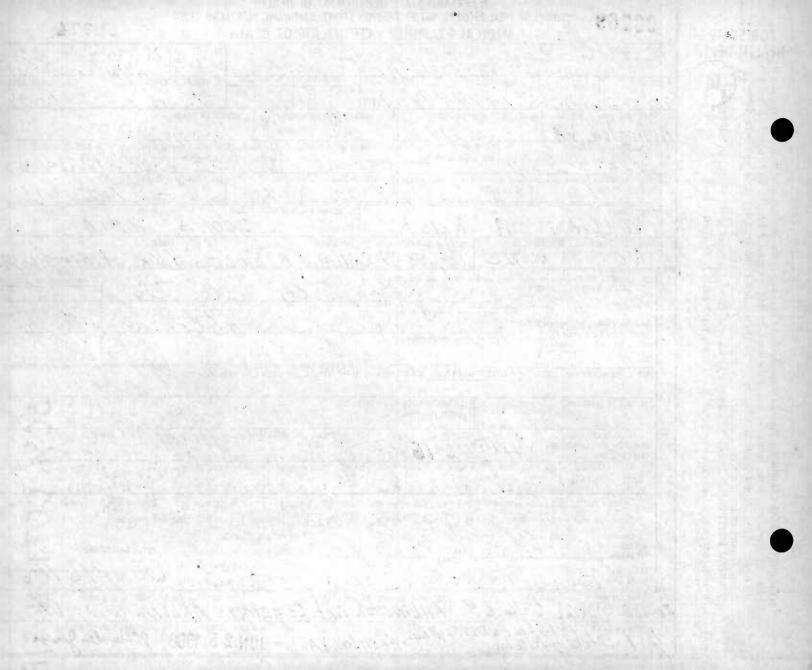
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME First Manth 9, (Type ar print) MARY BESSIE ROSENHEIM June S. DATE OF BIRTH 4. RACE 6. AGE (In years 3. SEX last birthday) June 22, 1900 Female White 9. COUNTY OF DEATH 70. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Montgomery D.C. USA WIDOWED | DIVORCED 12a. USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of warking life, even if retired.)
Sales Mgr. **INDUSTRY** Takoma Park Hecht Co. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 3d. INSIDE CITY LIMITS? 13b. COUNTYPr. Geo. 8200 - 14th Avenue admissian) STATE YES NO Hyattsville 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Last SOBER Eigie Abraham Cedar 17. INFORMANT 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no or unknawn) 579-40-1763A Maurice Rosenheim same as 13 above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: CORONARY THROMBOSIS ACUTE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CORONARY HEART DISEASE Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes HYPERTENSIVE HEART DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) OBESITY MELLITUS: O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO KIC 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Manth Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town 21d. INJURY OCCURRED While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased fram 1952, 19, ta 5-9-, 1968, that (I) (we) last saw the deceased alive an 5-7-, 1968, and that in (my) (our) apinian death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED ATTENDING PHYS. June 9, 1968 illman DEGREE DIRECTOR 8829 Flower Ave., Sil Spg, Md. 22d PHYSICIAN'S Samuel Hillman, M.D. NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Caunty) 23a. BURIAL, CREMATION REMOVAL (Specify) June 11, 1968 Ohev Sholom Talmud Torah Wash. D.C. 1968 REGISTPARE SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Goldberg Funeral Home 4217 9th Street N.W. DATE 30M REV. 1/68

27.7 december of the second of		ter
17: 17:3921 19:01 mail (Tail73320).	ALC: NO.	
vine 22, 1900 or		ofam)
120101200	M2II	.5.4
dile Mr	.net .Nut.	LAZAT ARBOUT
sime vicesiff a 1055 mile agu airteagte	on .244	
CONTROL OF THE PROPERTY OF THE	To EDDS for tiggins no.	nerda-
every it to easy introduced entrops	CATTER PORTS	
4		
SCHI (Commo)		
.00 .00 L2w devol : este	ACAR ANDROLL IN SE	
	oca (mio sepp. 11 con-	

MAKILAND SIAIE DEPAKIMENI UP MEALIM DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2o. DATE OF OEATH er deoth (Type or print) Month 2 4. RACE 3. SFX S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years lost birthday) MONTHS DAYS HOURS YRS hours 7a/BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH, B. MARRIED NEVER MARRIED WIDOWED [DIVORCED [requires that the death certificate be executed within 24 10. CITY OR TOWN OF DEATHS 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done MIND OF BUSINESS OR INDUSTRY burial, cremation, or removol, ond in ony event, wit please remove carbon 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 14. FATHER'S NAME MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED 16b. SOCIAL SECURITY NO 17. INFORMANT (If yes give way or dates of service) Yes, no. or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Carcinomatosis l year OUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if ony, which gove Adenocarcinoma, rectum rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the hospital or attending director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY2 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF OEATH? YES 📦 NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 226. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS TO FUNERAL NAME (Type) Cora 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE BURIAL, CREMATION, (County) (Stote) remation 6/20/68 Lees Crematory Washington 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 J. Wm. Lees Sons, Co., Wash., DC DATELLIN 24



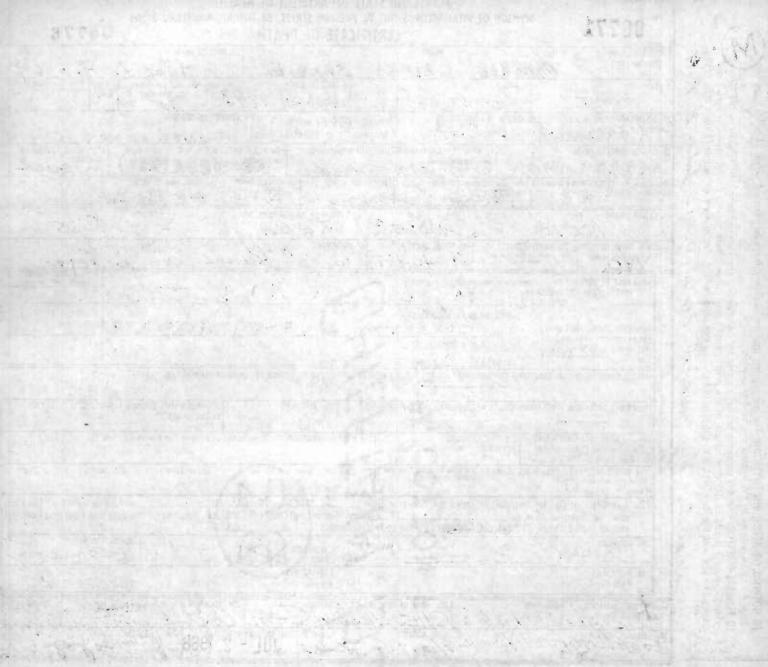
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month. (Type or Print) DEATH MATED AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. 4 RACE 2c. DATE PRONOUNCED DEAD 3 SEX S. DATE OF BIRTH last birthday) YRS 7o. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b. CITIZEN MARRIED NEVER MARRIED farm WIDOWED [DIVORCED the Stote 8. Give Poges CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital forwarded to the Chief Medicol Examiner's Office alang with Wind of work done give street oddress death. 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Whate deceased lived, if institution: Residence before 13c CITY OR TOWN, 13e. STREET AND odmission) STATE 13b. COUNTY land 2 v after 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle LEONA BAIN pages ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** pencil within File 5 within 18. CAUSE OF DEATH (Enter only one couse per line for certificate should be executed permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSTQUI burial-transit Conditions, if ony, which gave rise to immediate couse (o), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse __ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 OS 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 3 should PRIMARY OR CONTRIBUTING EXAMINER: cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street of R.F.D. No. City or Town Stote County office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above held an Inspection Inquiry and in my apinian death resulted from: Natural_causes Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE EXAMINER'S TO FUNE Health moy NAME (Type) BURIAL CREMATION 23b. (County) 25b. VR A15ME (5) 10M REV. 1/68



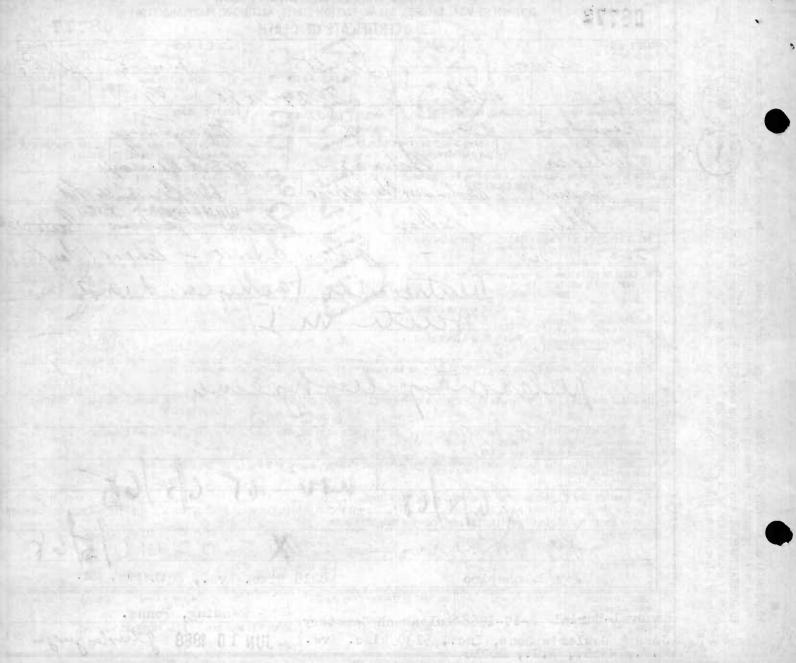
	26-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	08770 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	38775
HEALTH DEPT.	DECEASED-NAME First Middle Lost 2g. DATE KNOWN	Manth Doy Year 2b. HOUS
S 5 8 5 5	ROBERT Lee SANTHOLA DEATH MATERIA	6-14 1968 321
ny deloy is 2, and 3 to PM3. Poge	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR CO OF UNDER 24 HRS. 2c. DATE PRONOUNCE White the Grant of the control of the co	ED DEAD 2d. HOUR
Po Pro	D. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNT OF DEATH	14 1965 3 A N
orm e Dep	# U. S. WIDOWED DIVORCED Mantson E.	ry M
ofter death. 8. Give Poges 1, along with form with the State Deleath.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if	
er de sive ng w gr w ng w	Bethes da Give-street address Hospital Insurance Con 10. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUT	
	Administrator 1995 COMPAN	Enilwarth ARE
24 hours in Item 1 is Office	. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First M	liddle Lost
n 24 h il in It il in It ges H	Walter R. Saathoff Hazel I. Moch	
d be executed within 24 d'pending" in pencil in Chief Medical Examiners tronsit permit. File pages y event within 72 hobse.	o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW II 16b. SOCIAL SECURITY NO. Alice Saathoff Alice Saathoff	s Item 13.
ecuted v ling" in edical Ex ermit. Fi	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS (AUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
be executed "pending" in nief Medical E onsit permit. E event within	IMMEDIATE CAUSE (a) Acute Coronary Occlusion with	
be eximpend inef Me insit ponsit pons	Conditions, if any, which gave (b) Infarction; Coronary Artery Heart Dise:	
should be en word "perion the Chief burial-transit I in ony ever	rise to immediate cause (a), stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	1SE
should e wor o the burial-	last. (c)	
s certificate she, writing the forwarded to used as a bu emoval, and ir	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certific te, writin forword forword e used or removol,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
for for	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1)	YES NO
# 7 9 0	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	ar Part 2, Item 18.)
3 S E E	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Na. City or Town	County State
L EXAM ecute th Poge 4 or your R: Poge	WHILE NOT WHILE AT WORK AT WORK factory, affice building, etc.)	
ICAL EXA execute tor. Page ed for you CTOR: Page burial, cre		nquiry and in my apiniar
please ey l director. retained	deoth resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined	manner
Ty blease stol director to be retained the prior to be	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER MD. ASSISTANT MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIE	22b. DATE SIGNED
	EXAMINER'S 7	11/19/9
0 ~ 4	NAME (Type) DELDEN TO COUNTY STATE (Type) City, Soup, or county)	UNE 17,1100
01 0 ± ± 2 0 H	30. BURIAL, CREMATION, REMOVAL (Specify) Burial 618-68 Silver Brook Cem. Niles. M	own) (County) (Stote)
	4 FUNERAL DIRECTOR ADDRESS 2SO REC'D BY REGISTRAR 2SO R	REGISTRAR'S SIGNATURE
VR A15ME [5) 10M REV, 1/68	ROBERT A. PUMPHREY, Bethesda, Maryland DATE JUN 19 1968	ycharles Jusque

Strong of Caragan ALL METERS THE SAME SAME TO BE THE LIST. Monney of Parly December, No. 2011 19 1968

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR death. (Type ar print) Month and IF LINDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 1F LINDER 1 YEAR hours after last birthday) HOURS MALE 75 YRS 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED executed within 24 hou popers. WIDOWED [DIVORCED MONTGOMER and completely filled i.E 12g. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) during most of working life, even if revised INDUSTRY remove corban ¥ TAKDMA WASH SAN TH and in ony event 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES 🔀 NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle 0015 5.5 requires that the death certificate be physicion 16g. WAS DECPASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no apunknown) (If yes give war or dates of service) buriol, cremation, or removol, 517-40-899 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) -Ovohar buriol-tronsit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retoined by the hospital or ottending physicion. stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Not while of wark 6-30,19 68, to 6-3 d 19 6 8 that (1) (we) last 22a. I certify that (I) (this haspital) attended the deceased fram____ 6 - 3 0 19 Gand that in (my) (our) apinion death occurred on the date and hour and fram the sow the deceased alive on_ causes stated obove. (1) (Qo) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING N DEGREE PHYS DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jawn) 23b. DATE (State) 230: BURJAL, CREMATION, (County) CREMOVAL (Specify) FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68



	1			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
)	,		177	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH							
	. 25		1 0	ECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HQL	ID						
1	and 2 death.			(ype ar print) (Manth Day Year)	8						
7	funeral and er deat		3. SE	4. RACE S. DATE OF BIRTH So. AGE (In years if under 24)	HRS.						
offe	by the to ours give		1		MIN.						
Y	() S		7a. E	BIRTHPLACE State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	-						
1 Page 1	- SCA	0	caur	Pennsforce USA WIDOWED DIVORCED MARKIEU	Md.						
20			10. 0	TITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Keel of work done 12b. KIND OF BUSINESS OR	_						
vith:	within op	70		Setherda give street address) Support during mast of porking the every retred.) INDUSTRY							
>	a cole		13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIGE CITY LIMIDS? 13e. STREET AND NUMBER 13b. COUNTY 3.							
415	cample; ave car y even	10	ddiii	Maryland Montglany May Chase 15 18/3/3/20 realist Nd							
X	and rem	1	14. F	FATHER'S NAME First WILH ELMINATION BIEN LOST							
4	an and ir		14	Philip Secker Lena Balline Sector	1804						
100	attending physician operation of the please an, ar remaval, and it		16d. y	WAS DECEASED EVER IN U.S. ARMED FORCES? (1) (1) Yes give were or dates of service) (1) (1) Yes give were or dates of service) (1) (1) Yes give were or dates of service) (1) (1) Yes give were or dates of service)	1						
- L	hen hen			APPROXIMATE INTERVAL	#						
#	ding ren			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY:	H						
9	itten ermi			H 109 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	-						
4	the a			Canditians, if any, which gave)							
+	n. Dy fl ans			rise to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	-						
, a	ed to all tr			lost. (c)							
	physician. signed by the burial-transit			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)							
. 2	been s the iar ta		NO	4201 Milyanay light ene							
	s be as	V	Z.	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION W/S PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
Ĕ	r aff e ha use	X	CERTIFICATION	4 152 \ NO \	_						
N	al o far far Hec			21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year							
	spit ertii ned t. af		MEDICAL	(If either, natify medical examiner) P.M. 19							
3	his his oracl Dep			While Nat while OFFICE BUILDING, ETC							
2	y the er t			22a. I certify that (I) (this haspital) attended the deceased fram 1961, ta 1970, that (I) (we)	Inst						
TENDING PHYSICIAN. The law requires that the death certificate he executed within 24 hours after death	Very A may be refaired by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample director, page 3 shauld be detached far use as the burial-transit permit. Then please remave calculate the state Dept. at Health priar ta burial, crematian, ar remaval, and in any even			saw the deceased alive and the determined and fram causes stated above, (I) (we) (did) (did nat) view the body after death.	the						
A S	RECTOR 3 should with			22b. SIGNATURE DEGREE PHYS. DIRECTOR D STAFF DIRECTOR D PHYS. 22c. DATE SIGNED DIRECTOR D PHYS.							
	ay b			22d. PHYSICIAN'S 22e. ADDRESS							
TIGO	d b	1		NAME(Type) Jay R. Shapiro 8218 Wisc. Ave., Bethesda, Md.							
5	age Fred hau		23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)							
5	5 6 p v		Re	REMOVAL (Specify) MOVA 1—Burial 6-10-1968 Aulenbach Cemetery 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE.							
	VR A15 (4) 30M REV, 1/	68		FUNERAL DIRECTOR State JUN 10 1968 Sons, Inc., 5130 Wisc. Ave. DATE JUN 10 1968 PLANTING THE PROPERTY SIGNATURE DATE JUN 10 1968							
			M	W. West D.C. 20016							



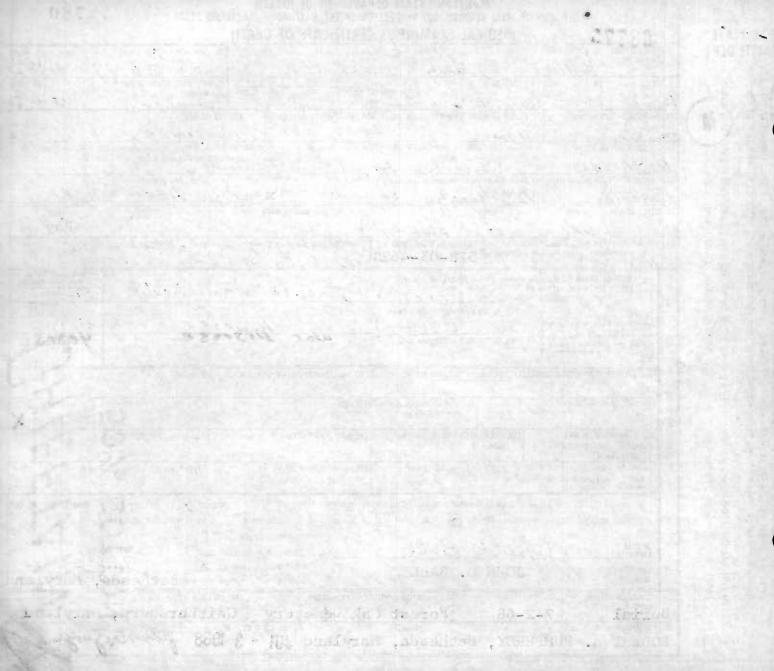
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#1,FilmGLO2 CERTIFICATE OF DEATH DECEASED-NAME **Eirst** Middle Last 2a. DATE OF DEATH 2b. HOUR within 24 hours after death ANNA /M//KOMMANY M. K. SCHAEFER (Type or print) June 6:45P M papers. Pages 1 nin 72 hours after 3. SEX 4. RACE IF UNDER 24 HRS. S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR in by Tinlast bighday) FeMale White 4/29/76 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Germany USA Montgomery WIDOWED AT DIVORCED [filled i 9. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street Holy Cross Hospital during most of warking life, even if retired.) INDUSTRY Silver Spring remave carban and in any event, wit 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? xecuted odmission) STATEMaryland 13b. COUNTMONTgomery Sil. Spr. YES NO 1951 Seminary Road 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Middle CXXX Karl requires that the death certificate be Ruez Magdalena Nau 17. INFORMANT Daughter, Mary Schaefer 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? J6b. SOCIAL SECURITY NO. Address Yes, no, or whown) 1951 Seminary Rd. as been signed by the attending physi as the burial-transit permit. Then pl priar to burial, cremation, or removal, S.S., Md. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE has been 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? letached for use c Dept. af Health p NO T YES 🗀 TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while ot wark 22a. I certify that (I) (this haspited) attended the deceased framsaw the deceased alive an 19 and that in (my) (our opinion death occurred on the date and haur and from the causes stated abave, (I) (w) (did not) view the bady after death. directar, page 3 should shauld be filed with the 22b, SIGNATU DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 9801 Georgia 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) St. John's Cemetery Forest Glen 1968 Monta. 2So. RECID BY REGISTRAR 30M REV Pumphrey,

			NEL CE	TOTAL TOTAL STATE
tura Car	01115	AND THE VIEW OF	(A)	AL III
	SW	*//:3/.	9.3	> re.
	gra ordinal			n control
	endves		more are	grange noveles
5008 (24		i was in the state of the	media hic	Bealwest
tio	energy.			is in the
16.2 (12)		the State Case		
			S.O. SEAR AVE.	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH 2b. HOUR (Type or print) within 72 hours after 4. RACE 3. SEX DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS requires that the death certificate be executed within 24 hours after last birthany) DAYS 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH DIVORCED [WIDOWED [letely filled i 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR dying most of working life, even if retired) HOUSTRY News pan 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before, 13c. CITY OR TOWN 13d. INSIDE CHY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY emove any eve YES X NO 14. FATHER'S NAME Middle Lost Last physician (please crematian, ar removal, and i 164 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address 626 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFAT PART I. DEATH WAS CAUSED BY: carenar IMMEDIATE CAUSE (a) signed by the burial-transit Conditions, if any, which gove rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial, ozclerozes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the be detached far use as the State Dept. af Health priar to has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES -NO TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 22a. 1 certify that (I) (this hospital) attended the deceased from Jan 23, 1963, to Tune 13, 1966, that (I) (wo) last saw the deceased alive on June 1968, and that in (my) (wo) apinion death accurred an the date and haur and from the be retained director, page 3 shauld should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d LOCATION (City or Tawn) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION REMOVAL (Specify) Maryland Suitland. 0 irral 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 30M REV. 1768 KINNOOKK arterilver onring

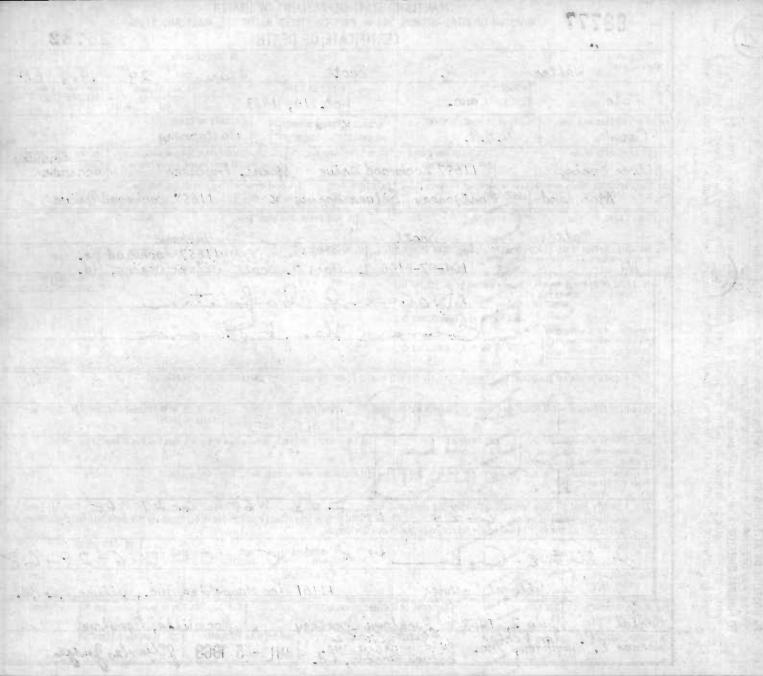


7	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	8780
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED-NAME First Middle Last 2a. DATE KNOWN Month (Day Year 2b. HOUR
Poge Poge ent of	3. \$	Type or Print) LILIAN MARY Schneider OF ESTI- DEATH MATED G 2 EX 4. RACE S. DATE OF BIRTH 6. AGE (In yours 1F UNDER 1 YEAR 1F UNDER 24 HRS. 2c, DATE PRONOUNCED DEAD	9 196) 12 km
-6 E	1	male W. max 7 1896 72 YRS. MONTHS DAYS HOURS MIN. Month Days	Year 1968 1230
THE COM	cone	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	m	argland USA WIDOWED WORKED Montgom Erig	W KIND OF DISINESS OF
the the	1	Bethes da give street address) Hospital during most of working life, even if retired.)	2b. KIND OF BUSINESS OR NDUSTRY
s afte 18. Gi 18. Gi 18. Gi 19. Vith death	130.	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN SIGNIFICANT STATE OFFICE AND NUMBER 13d INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS? YES NO [] 910 VIECS [M]	111. 21.
I haurs Item 1 Office I ond 2 ofter o	14. 1	FATHER NAME First Madelle C Lost 15. MOTHER'S MAIDEN NAME First Middle	lost Ray
within 24 n pencil in Examiner's File poges 1 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 30/ Potomae 5+ - ADJRESS Kull	e,mc.
will pe you will he wi		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
executed nding" in Medical I permit. I		PART 1. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) CATOTATY Insufficency Acute	Scarthen.
d be executed d "pending" in Chief Medical E fronsit permit. F y event within		Canditions, if any, which gave	years.
ould vord ne (h	18	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	7-8/3.
the w to the to		last. (c)	
ficate ing the ded 1 ded 1 os a 1, and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certificate slate, writing the forworded to be used as a burtemoval, and it	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his orte or re	RTIFIC	WAS PERFORMED?	YES NO
# 8 4	MEDICAL CE	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	n 18.)
EXAMINER: cute the certifage 4 should r your files. Poge 3 shou l, cremation,	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At hame, farm, street, factory, affice building, etc.) 21f. LOCATION Street ar R.F.D. Na. City ar Tawn	County State
0		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry	and in my opinior
se executor. Pared for ECTOR: 6 burial,	10	deoth resulted from: Noturol couses 🔀, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner	
y, pleaser y, pleaser of retainment to prior to		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SI	CNED
ary, nerol be ERAL		SIGNATUREMI) ASSISTANT MEDICAL EXAMINATED	4.29,1769
ro DEPUTY SICA necessary, please extended director. 5 moy be retoined to FUNERAL DIRECTOR Health prior to bur		NAME (Type) ADDRESS(Street, city, town, or county) Bethesda	, Mary Land
70 ± ± 5 ± ± 6 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5	230	BURIAL CREMATION, PREMOVAL ISPECIFY) 7-2-68 23c. NAME OF CEMETERY OR CREMATORY Forest Oak Cemetery Gaithersburg,	County) (State)
R		FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SI	
VR ATSME	R	OBERT A. PUMPHREY, Bethesda, Maryland 1111 - 3 1968 Charles	Judge

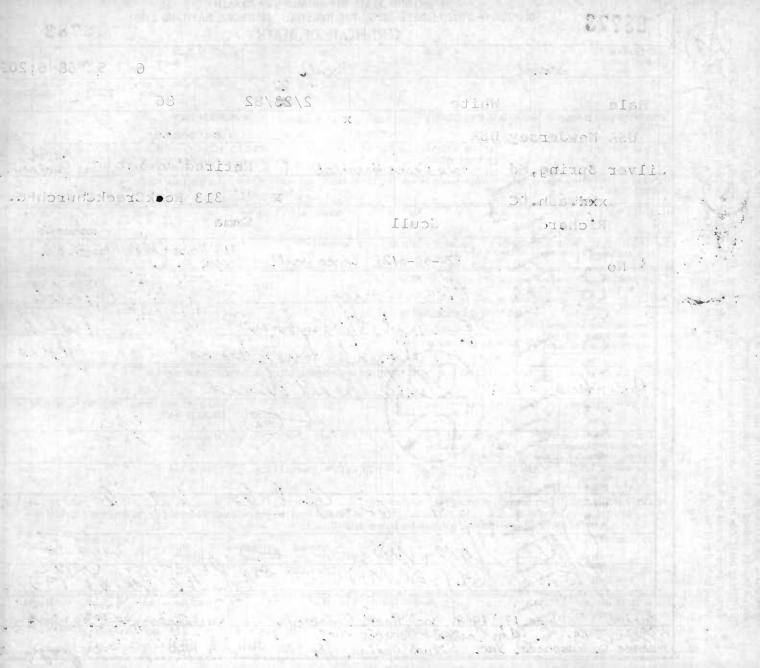


	AND THE PROPERTY OF	district the same of the		
TRIUM Permanduna			31780	
o and many the second of the second				
The state of the s	San Distriction of the		, est	
		0.110	3/2018/10/20	
The state of the s	12 mg 12 mg 2	10,		
	· day			
in the same	on seg legs	0		
	a ridle con	too kalani	.2	
	- 1			
The court	A Steware		Lu L	
mad the To Bo ont	7716 C	ca me Sheet	A.A.	
	1003545 Vacs	1 2 4 A B B B B B B B B B B B B B B B B B B		
12.6 Sep. 1863	die de service		Course . L'ampres de la	

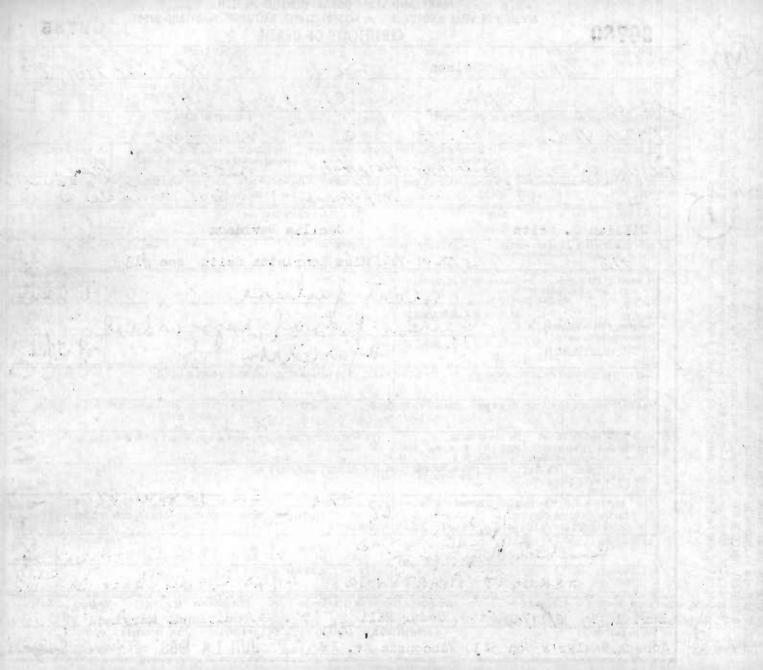
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 35782 1 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR completely filled in by the funeral nove carban papers. Pages 1 and 2 ny event, within 72 hours after death. within 24 hours after death (Type or print) Manth Walter Scott. 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNGER I YEAR IF UNDER 24 HRS. last birthday) DAYS MONTHS HOURS Male (auc. Oct. 16. 1883 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED countryPanada U.S.A. Montgomery WIDOWED | DIVORCED [Md 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126. KIND OF BUSINESSIOR 10 CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done give street address Lockwood Drive during most of working life, even if retired.) INDUSTRY. remove carban Silver Spring Jachinery 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER the death certificate be executed admission) STATE aryland 13b. COUNTYINT COMERU Silver Spring YES NO 11657 Lockwood Drive 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Scott Unknown 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) (If yes give war or dates of service) 104-07-6106 APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. Б DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) cremat burial-transit requires that rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO M 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark TO FUNERAL DIRECTOR: After 220. I certify that (I) (this hospitol) attended the deceosed from 50 b, 1968, to 6-29, 1968, that (I) (we) lost _19_6, and that in (my) (our) opinian death occurred on the dote and hour and fram the saw the deceased alive on 6-2 7 causes stoted above, (1) (we) (did) (did not) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING PHYS. STAFF PHYS. DIRECTOR directar, page shauld be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Gilbert Cushner 11161 New Hampshire Ave 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BURLAL (Specify) Rockville, Maryland arklawn Cemeteru 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Georgia Hugg VR A15 (4) 30M REV. 1/68



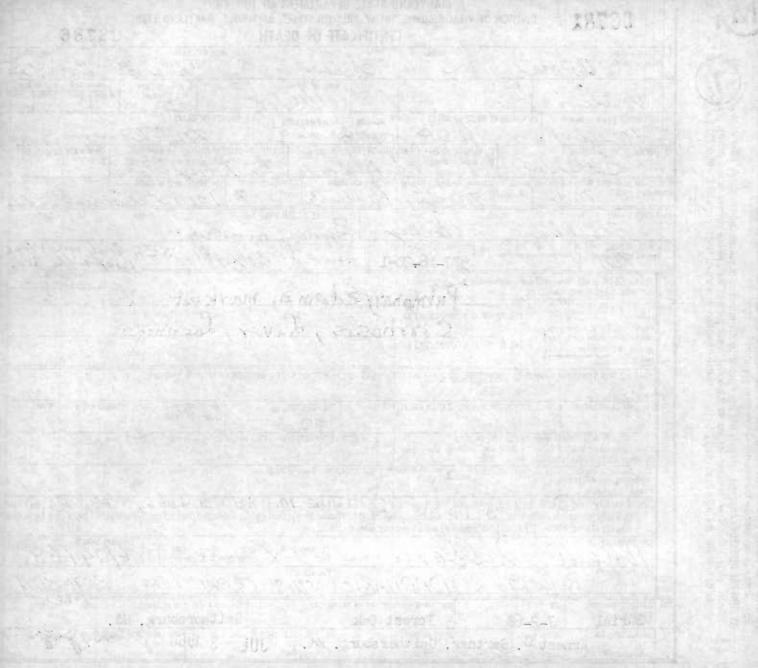
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08783 CERTIFICATE OF DEATH DECEASED-NAME Last 2g. DATE OF DEATH 2b. HOUR within 24 hours after death (Type or print) 6;20F Samuel Scull yon papers. Pages I within 72 hours after 3. SEX 4. RACE 5. DATE OF BIRTHO IF UNDER 24 HRS 6. AGE (In years IF UNDER 1 YEAR last birthday) 2/23/82 White Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED filled in I country) DIVORCED | Montgomery WIDOWED | USA NewJersev USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY Pactory give street oddress) setely fi during most of working life (even if retired) Silver Spring, Md Holy 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? DC 13b. COUNTY admission) STATE YES-313 RockCreekChurchRd. 1S. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Middle First Emma Middle Lost burial, cremation, ar remaval, and in an and Richard Scull requires that the death certificate be unknown 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT [If yes give war or dates of service] Yes, no. or unknown) Bruce Scull 579-60-6125 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEAT uluna DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE O stating the underlying couse 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been see as the b director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased fromsaw the deceased alive an_ 19 (f, and that in (my) (eur) opinion death accurred an the date and have and from the causes stated abave, (1) (we) (did) (ald nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) enters 4DDRES orgia Ave. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1968 Inc. 30M REV. 1/68 Pumphrey. Silver Opring.



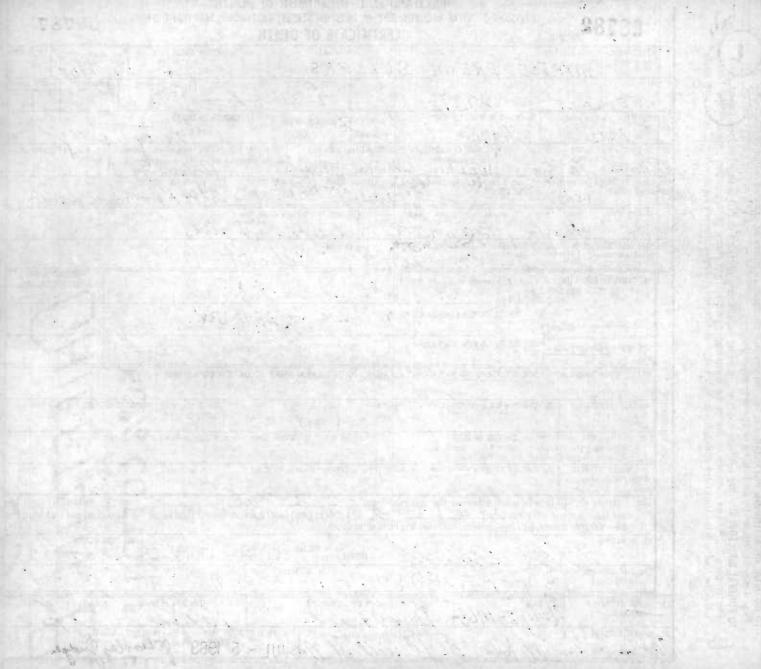
As to the		MISC ALBORRAGISMENTO III MOCONOL SE MEDICE AL III MANIFERINAS	ANA STEEL AND THE	4
1965 3:di ⁴	anu t	SHARRE	gmath	20x
	18,100		nite	• 513
	rr collect		881	olai alV
Sv. & Steri	\$917.0	fatieroN nadand		1019115
.ovA noo	rapan 664 x		Violation 1	Long (vin) i
	ich 1 - 4.	75.		atodial and
13	None - dieisel	e vizza e		
Table Page /				
32.573	maljos4 , office			
			33/3/	
	sen a "um"			



MAKTLANU SIAIL DEPAKIMENI OF HEALIH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18786 1. DECEASED-NAME Middle Last 2g. DATE OF DEATH First 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Month S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) DAYS HOURS MONTHS w YRS this certificate has been signed by the attending physician and campletely filled in by perached far use as the burial-transit permit. Then please remave carban papers. Per bept. af Health prior ta burial, crematian, or removal, and in any event, within 72 haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED 🖂 DIVORCED [campletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER NO X odmission) STATE 13b. COUNTY YES 14. FATHER'S NAME Middle Middle Lost-IS. MOTHER'S MAIDEN NAME First 16b. SOCIAL SECURITY NO. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 577-16-2041 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (n), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) P.M State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark 220. I certify that (I) this hospital) attended the deceased from JUNE 17, 1968, to 50 WE 29 1968, that (I) (we) lost saw the deceased alive on JUNE 28, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the 17, 19 68, to JUNE 29 19 pe TO HOSPITAL OR ATTEND Page 4 may be retained directar, page 3 shauld should be filed with the couses stated above, (I) (we) (did) (did not) view the body after death. **ATTENDING** STAFF DEGREE PHYS. DIRECTOR 22e. ADDRES9 PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATIDN (City or Town) (County 23o. BURIAL, CREMATION, REMOVAL (Specify) Gaithersburg. Md. Forest Oak Gaithersburg. Md. 24. ELINERAL DIRECTOR 2Sa. REC'D BY. 30M REV. 1/68 DATE



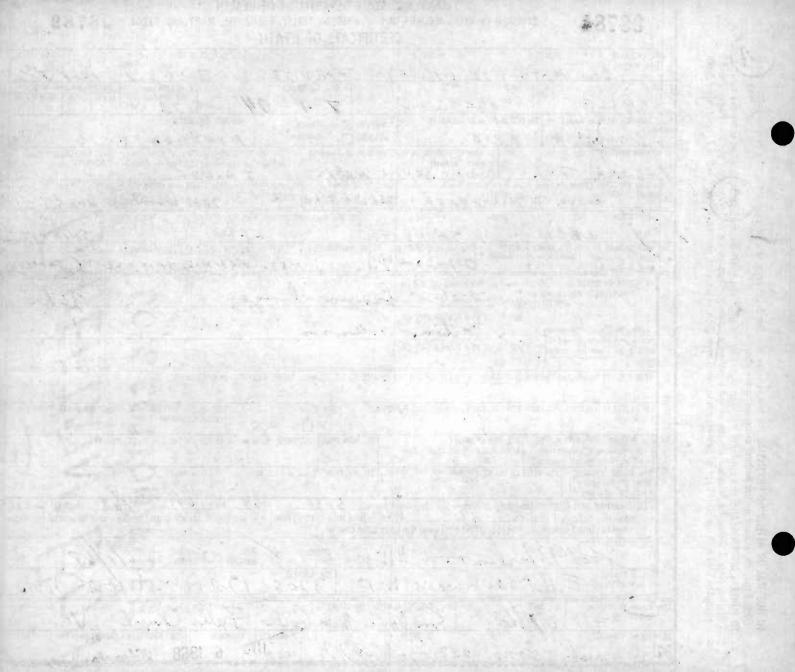
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2g DATE OF OFATH OFCEASED-NAME 2b. HOUR Manth (Type or print) after 3. SEX IF UNDER 24 HRS. 6. AGE (In years last birthday) HOURS 7-3/requires that the death certificate be executed within 24 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) burial, crematian, ar remaval, and in any event, within 72 h WIDOWED T DIVORCED [completely filled 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) during most of working life, even if rifued.) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 3d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES Howthorne Lane Laurel 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last pup physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) [(If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (6), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave t rise ta immediate cause (o). OUE TO, OR AS A CONSEQUENCE OF be retained by the haspital or attending physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been State Dept. af Health prior ta use as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO T 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year After this certified be detached (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) oftended the deceased from 19 08, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on____ director, page 3 shauld shauld be filed with the couses stoted above, (I) (we) (did) (did not) view the bady ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 23d. LOCATION (City on Town) 23a. BURIAL CREMATION 23c. NAME (County) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) 1968 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

A SHIP CONTRACTOR	on assert of party of 250, "the profession of the color	4.
884		
	No. et	
er over de la trata	का अंदर्ग होता है।	e. e. e.
mono direkt		LB.[
	·Englished Cartell	cinal จัก
Large T, Lot 2163	(nt n t t n n t	
Total Total	of Lord John Steller)1_
		501
	වේ සාල කෙටර ගැනි	
	Then entire party excellent	
	notan isofin and site because I as	andro.
arrenderin dae bro	ne form be showing the figure	
n 2. Territe, but	. on 10 20 27 27 20 20 300 30 20 20 20 20 20 20 20 20 20 20 20 20 20	
E own, E		
back and the state of the state	,	
	coder o cultiple de companio d	10 CC

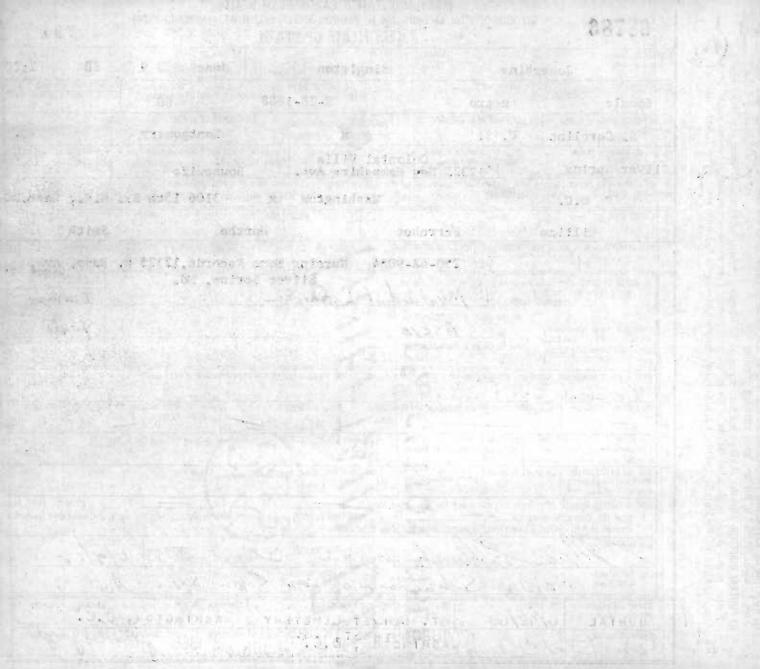
MARYLAND STATE DEPARTMENT OF HEALTH 08784 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR on papers. Poges 1 and 2 within 72 hours after deoth (Type or print) Month Day Yeor MITCHELL Dim 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR IF UNDER 24 HRS. within 24 hours after last birthday) MONTHS DAYS HOURS CAUCASIAN YRS filled in by 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [NEVER MARRIED 9 COUNTY OF DEATH country) WIDOWED DIVORCED [MINTGOMERY GITHUANI 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY completely i WASH. SAN. + A140P 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed admission) STATE 13b. COUNTY YES 🔀 NO T TAKOMA PARK OCO WOODLAND Last 14 FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Middle burial, cremation, or removal, and in an pleose re requires that the deoth certificate be LEDN LENA SHIEVITZ 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no. or unknown) 5HIEVITZ UNKNOWN APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit Conditions, if ony, which gave) rise ta immediate cause (a). Poge 4 may be retained by the hospital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficote has been s for use as the b f Health prior to b 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES [TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor of (If either, natify medical examiner) P.M Stote Dept. 21d. INJURY OCCURRED (AT HDME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from. 1968, and that in (my) (our) opinion death accurred an the date and haur ond from the sow the deceosed alive an_ director, page 3 should should be filed with the causes stoted obove, (1) (we) (did) (did nat) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) 23a BURIAL CREMATION 23b. DATE 23c., NAME OF CEMETERY OR CREMATORY (County) (State) (EmovAL (Specify) 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Ochania, 30M REV. 1/68



4-1		08785	DIVISION OF VITAL RECORD	•	ET, BALTIMORE, MA	ARYLAND 21201	8790	
		¢.'		CERTIFICATE OF D	EATH		10120	
death. neral and 2 death.		ECEASED-NAME First Type or print) ABR	AHAM	Lost SHULMAN	20. DATE C	OF DEATH Month Ju Doy	17 Year 68	2b. HOUR 7:40 A4
er d	3. SI	X	4. RACE	S. DATE OF BIRT	TH	6. AGE (In years		F UNDER 24 HRS.
s off		MALE	WHITE	1	y 6, 1906	lost birthdoy) 62 YRS.	MONTHS DAYS	HOURS MIN
		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED K NEVER MARRI	ED 9. COUNTY C			
d in pers		RUSSIA	U.S.A.	WIDOWED DIVORCE		ITGOMERY		Md.
ale be executed within 24 hours after death care and campletely filled in by the funeral ease remayer carbon papers. Peges I and 3 and in any event, within 72 hour after death		TITY OR TOWN OF DEATH SILVER SPRING	aire atanat addanas	INSTITUTION (If not in hospital HOSPITAL	12a. USUAL OCCUPATION during most of workin GROCE	N (Kind of work done g life, even if retired.)	12b. KIND OF BEINDUSTRY FOOD	JSINESS OR
d w lete		USUAL RESIDENCE (Where deceo	osed lived, if institution: Residence before	e 13c. CITY OR TOWN 13	id. INSIDE CITY LIMITS? 13e.	STREET AND NUMBER		
or o	odm	ission) STATE MARYLAND	13MONTGOMERY	SIL. SPRING	YES NO 14(1 BLAIR MI	LL ROAD	
d cc	14.	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAII	DEN NAME First	Middle		Lost
			UNKNOWN			UNKNOW	1	
	160. Y	WAS DECEASED EVER IN U.S. AR es, no, or unknown) (If yes give	MED FORCES? war or dotes of service) 579–16–17		HULMAN S	8600 Stilidal	e Drive	
ne death cerri attending ph permit. Their ian, or removo		1B. CAUSE OF DEATH (Enter o	only one couse per line for (o), (b), and	(d))			APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
ath ndin		PART 1. DEATH WAS CAUSI	ED BY: IATE CAUSE (0) Occute ()	ulenovara Eloc	11.0		Sud	dow
e deat attend permit.		4109	DUE TO, OR AS A CONSEQUENCE (OF O				
t the the sit partial		Conditions, if ony, which gove	1 musica	ship duto 17	Lela			
hat n. yy ff ans em		rise to immediate couse (a), stating the underlying couse	DUE TO OR AS A CONTROLLENCE	OF.				
equires that the death certific physician. signed by the attending this burial-transit permit. Their burial, crematian, or removal,		last.	(c) colors	my arlever	sclerase	0		
quir phys sign suric	Н	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIV	/EN IN PART 1(o)	12,012,73	. WILLIAM
ng en he h	z	4201						
law endi s be as th	CERTIFICATION	190. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20o. AUTOPS	CALL	IF YES, WERE FINDINGS CO ES OF DEATH?	ONSIDERED IN CER	TIFYING
The att has see the pth	RTE			YES	NO 🛂			
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by pe 3 shauld be detached for use as the burial-tranged with the State Dept. of Health priar ta burial, creed with the State Dept.	MEDICAL CE	21o. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	ATH HOUR A.M. Month Doy Ye		RRED (Enter noture of in	jury in Port 1 or Port 2, I	tem 1B.)	
G PHYSICI the haspit r this certif detached	MED	21d INJURY OCCURRED 21e	e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		or R.F.D. No. Ci	ty or Town	County	Stote
PH he		While Not while of work	OFFICE BUILDING, ETC.		111 1		111	
ING by the tate		22a. I certify that (I) (t	his haspital) attended the decedalive an	ased from the 17	, 19_16, ta_	une 18 , 19.	68, that (l) (we) last
ATTEND etained b CTOR: Af shauld b		saw the deceased causes stated above	alive an diversity (did) (did nat) view th	_196_X, and that in (my)	(aur) opinian death	accurred on the do	te and haur ai	of fram the
A Special States		22b. SIGNATURE	1.00	M D ATTENDING		22cd	ATE SIGNED	(Ho)
DIRE 3		Melle	Allaomso	DEGREE - PHYS.	DIRECTOR	STAFF U JU	NE 17, 1	968
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be a should be filed with the State		22d. PHYSICIAN'S NAME (Type) HERE	BERT ABRAMSON, M	. D. 22e. ADDR	Conn. Ave.	N.W. Was	n., D.C.	
HOS UNI CUNI COULC	230		. DATE 23c. NAME (OF CEMETERY OR CREMATORY	23d. LOCA	TION (City or Town)	(County)	(Stote)
5 Page Page		BURIAL Specify) 6-	-18-1968 NATIO	NAL MEMORIAL P		5 CHURCH		VA.
		FUNERAL DIRECTOR	ADDRI		2So. REC'D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
VR A15 (4) 30M REV. 1/68	G	OLDBERG FUNERA	AL HOME 4217 9th	St., N.W.	DATE JUN 19	1968 you	arles you	da.

THE THE TENTON				28580
44 TH W.		RATE SE		EARSA
		erganization.	0111	SIN
1940	3		1. 3. 3.	Malan
gors.	1=5000	4Aniveou	Stokt ladi	maste surrie
			prevocavor.	
1520METHA			May	
		OLE TURKE &	to be see the late	100 pa 400
4.				
.d	:ava.com	1.50	A ASPLANSOR N.	As was
		dy Acrossisia	1972 and 1887	81=0 LU3
	ar or hull		and the second	MISTER PROCESS

- 100		08786		DIVISION OF	VITAL RECORDS,	301 W. PR	DEPARTMENT OF STREET, BATE OF DEAT	ALTIMOR		AND 21201	187	91
leath.	1. D	ECEASED-NAME (ype ar print)	First Josep	ohine	Middle	Singl	Last	2a.	DATE OF DEAT	H Manth 9 Do	14 6 8 ar	2b. HOUR 2:20
within 24 hours after death ely fitted in by the funeral con papers. Pages 1 and within 72 hours after death	3. S	female		4. RACE negr	ro	9	3-28-188	8	6. A	GE (In years st birthday) YRS.	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
4 naura 1 in by 1 jers. P	7a. cau	BIRTHPLACE (State or fo		7b. CITIZEN OF W		WIDOWED [9. COL	Montg			Md.
bod us 90	S	ITY OR TOWN OF DEAT	ng	11. N give	street address) Colo	STITUTION (If so onial V Hampshi	in hospital 12a. durin	ng most of	UPATION (Kind working life, usewif	d af wark dane even if retired.) @	12b. KIND OF INDUSTRY	BUSINESS OR
in any event,	13a. adm	USUAL RESIDENCE (Whissian) STATE D	ere deceased	lived, if institu 13b. COUNTY	tian: Residence befare	13c. CITY OR 1	ingtor YES	NO _		AND NUMBER 15th St	. N.E.,	Wash.DC
		Wi	rst 11iam	Middle	Lost Ferrebe	e		ME First Marth	ıa	Middle	Smith	Last
val, an		WAS DECEASED EVER I (es, na, ar unknawn)	N U.S. ARME (If yes give war	D FORCES? or dates of service)	16b. SOCIAL SECURITY 250-42-		FORMANT Nursing Ho					
ır rema		1B. CAUSE OF DEATH PART I. DEATH V	VAS CAUSED	ane cause per l BY: E CAUSE (a)	ine far (a), (b), and (c) Myo Cae	1- / 1	Silver	Spri	ng, Md	•	BETWEEN	imate interval onset and death
burial, crematian, ar remaval, and in any event,		Canditians, if any, w	hich gave)		AS A CONSEQUENCE OF						Ye.	ess
burial, crematic		rise ta immediate of stating the underlying last. 4201		4 /	AS A CONSEQUENCE OF							
Health priar ta buri	z	PART 2. OTHER SIGNI	/	Tasuf S	UTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE	ORCONDITI	ION GIVEN IN	PART 1(a)		
- 2	CERTIFICATION	19a. DATE OF OPERATION			HICH OPERATION WAS P	ERFORMED	20a. AUTOPSY? YES No	0.0	20b. IF YES, CAUSES OF I		CONSIDERED IN C	ERTIFYING
חפת	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (If either, natify med	CAUSE OF DEATH	HOUR A.M.	Manth Day Year	21c. HO	W INJURY OCCURRED	(Enter natur	e af injury in	Part 1 ar Part 2	, Item 1B.)	
	ME	21d. INJURY OCCURR While Nat while at wark at wark	ED 210 B	PLACE OF INJURY	(AT HOME, FARM, STREET, FA COFFICE BUILDING, ETC.	ACTORY.) 21f. LOC	ATION Street ar R.F.L	D. Na.	City ar To	own	Caunty	State
he State Dept. af H		22a. I certify the	at (I) (this	ve an	tended the deceas) (did not) view the	19 and	that in (my) (aur)	19,) apinian	ta death accu	rred an the d	ate and haur	t (I) (we) last and fram the
d with the		22b. SIGNATURE	a douve,	(i) (we) (uld	Aless O	JUS DEGRE	ATTENDING	MED. DIRECTO	OR ST/	AFF 22c	DATE SIGNED	
be filed		22d. PHYSICIAN'S NAME (Type)	Mar	ruin	Schuer	der Mis	22e. ADDRESS	5-W-	on 5p	rius 1	Ave.	
shauld be	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. D/		23c. NAME OF	CEMETERY OR C		1	LOCATION (C	ity ar Tawn) NGTON,	(County)	(Stote)
15 (4) V. 1/68	24.	SONERAL DIRECTOR	Din	rolling.	WASHIN	STH ST	NAN 2Sa. RE					wige.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 38792 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Month AtthEU 3. SEX 4 RACE S. DATE OF BIRTH IF UNGER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years MONTHS lost birthday) DAYS 76 YRS. haurs 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWFD DIVORCED [DUNTGOMER ROMANIA **B**dbd 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kinh of work done 12b. KIND OF BUSINESS OR **INDUSTRY** give street oddress) during most of working life, even if retired.) PRINA and camplete burial, crematian, ar remaval, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER please remave car requires that the death certificate be executed admission) STATE 13b. COUNTY YES X NO 35- FORT 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Lost CHWAR 0 physician 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) 170-32-3489 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEAT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) has been Page 4 may be retained by the haspital ar attending director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to I 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO [TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while 22a. I certify that (I) (this hospital) attended the deceased from 15 19 68, and that in (my) (our) apinian death accurred an the date and haur and fram the saw the deceased alive an____ causes stated abave. (1) (we) (did) (did net) view the bady after death. 22b. SIGNATURE **ATTENDING** STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION. 23b. DATE (County) (State) REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 FLONERAL HOME

Memoracon Exposure y Silver Space Holy Char Hope I To a Title

2		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7		CERTIFICATE OF DEATH
1		CENTIFICATE OF DEATH
death.	1. Di	ECEASED-NAME First Middle Lost 20. DATE OF DEATH
dear		TACON (NONE) ON TOER 2010
affer	3. SI	Last 41 A Lagrent Court House I for
s of the		NAIE WNITE 1882 86 YRS.
hours	7o. I	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
Z 00 00		"KUSSIA U. S. WIDOWED DIVORCED MONTROMERY Md.
	10. ((ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
with with with with		KOMATAKK WASH. SAN. O HOSDITA! GROCER GROCERY
ed car car ent,		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b, GOUNTY/
e executed with and campletely remove carban n any event, wit		MARUIAND MONTGONERY SIVER SPRING IN 1/20 EAST WEST THIWAY
and rem	14, 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
n a se r		Zavel Snider Esther Baresnick
e death certificate be attending physician c permit. Then please an, ar remaval, and ii	160.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
ohys nval	U	NKNOWN 577-68-7224 (hart - (Hospital)
ng P The		18. CAUSE OF DEATH (Enter only one couse per ling-for (o), (b), ond (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
eath indii ar re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Congestwo Heart Failure 1 Ray.
ie deatl attendi permit. ian, ar r		14/29 DUE TO, OR AS A CONSEQUENCE OF
the the sit property		Conditions, if only, which gave (b) Contents pelentic Heart Descent gong dination
tha an. by ran		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
res sici		lost 4200 (c) Generalized artenoaleron
equires that the death certificate be executed with physician. signed by the attending physician and campletely fourial-transit permit. Then please remove carban burial, crematian, ar remaval, and in any event, with	10	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
nding been s the iarta	No	(O Kenal Farlure - (2) Emplysewar (3) Interstitual Victimorary of bross
s be as to a	S	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?
The I after share as a see as Iffh pri	CERTIFICATION	AFP NO The
AN: al al ar u		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 1B.) POR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year
pité ad f	MEDICAL	(If either, notify medical examiner) P.M. 19
HY has ach ept	2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
the D det		While Not while ot work VorFice Building, ETC.
by (ffer Staff		22a. I certify that (I) (this haspital) attended the deceased fram 247 / 20 , 1947, ta 6 / 8 , 1968 , that (I) (we) lost saw the deceased olive an 1966, and that in (my) (aur) opinion death accurred an the date and hour and from the
R: A		couses stoted obove, (I) (we) (did not) view the bady ofter deoth.
ATT Share stail		22c DAFE SIGNED
OR Se 3		Decyanin Scarcon M DEGREE ATTENDING DIRECTOR DIR
AL Dougle Fille		22d, PHYSICIANS 22e. ADDRESS
Page 4 may be retained by the haspital ar attending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician and campletely fill, director, page 3 should be detached far use as the burial-transit permit. Then please remove carban positionally be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within the state Dept.		NAME (Type) Benjamin Isaacson 7733 Alas Ka Ave. N.W. Wash. V.C.
HOS Be 4	23o.	BURIAL, CREMATION, 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gry or Town) (County) (Stote)
2 2 2 5		REMOVAL (Specify) (1-9-68 / Leth Sholom Com Hellside hid.
VR A15 (1) 30M REV. 1768	24.	FUNERAL DIRECTOR Son REGISTRAR 19685b. REGISTRAR'S SIGNATURE OF SON REGIST
30M REV. 1768	(7)	Canyomby & Jons 350/14th St 11.0 West DE . DATE DOWN IN 1000

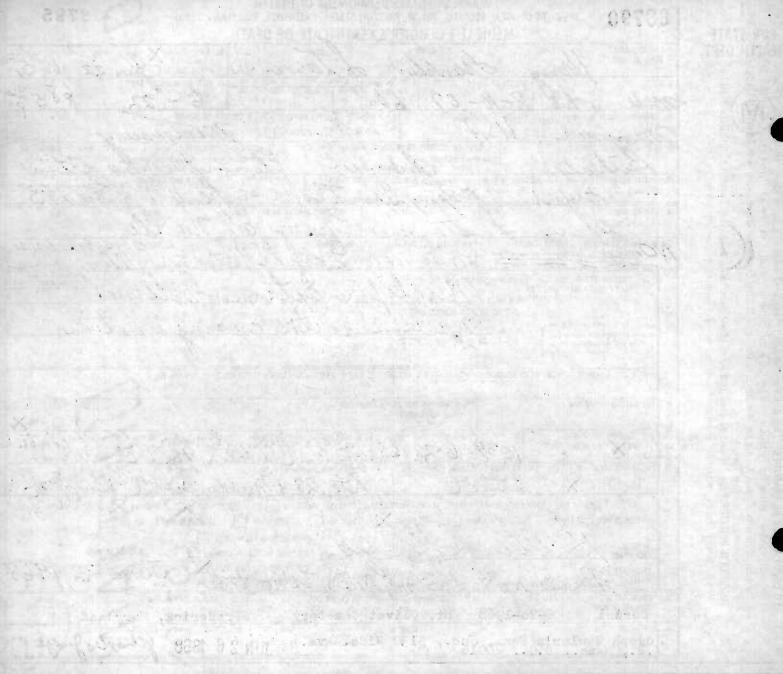
SETTION makery (west) down Will the Control Attigated a party stated and State of the A PROPERTY OF THE PARTY OF THE William To Table Control of the Cont

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR P DECEASED-NAME First Middle Lost 20. DATE OF DEATH signed by the attending physician ond completely filled in by the wneral buriol-tronsit permit. Then pleose remove carbon papers. Pages 1 ond buriol, cremotion, or removal, and in any event, within 72 hours after deap (Type ar print) Manth deot 1968 2:50 M Stallings Wayne Blair June 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Male White December 22. 1961 within 24 hours 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED DIVORCED [USA Montgomery Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of warking life, even if retired.) INDUSTRY Bethesda The Clinical Center, NIH 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE Maryland 13b. COUNTY
Prince Georges YES X NO 7806 Pinewood Drive Clinton 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle W. Stallings Wayne Marie Russo The Medical Record, Clinical Center, National Institutes of Health, Bethesda, Md 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Cerebral Edema 24 hours IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) Respiratory Insufficiency days rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the hospital or attending physician. stating the underlying cause 18 months (c) Acute Lymphocytic Leukemia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to I Sepsis of unknown etiology 6 days 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19o. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES X NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while of work 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE PHYS. DIRECTOR 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Institutes of Health, Bethesda, Maryland Frank C. Grumet, M.D. 23c. NAME OF CEMETERY OR CREMATORY
Epiphany Church Cemetery Firestville, Maryland 23a. BURIAL, CREMATION, 23b. DATE (State) BRENOYAL (Specify) 6-10-68 4 FUNERAL DIRECTOR Wilhelm Funeral HomeDDRESS
4308 Suitland Rd. SE, Suitland, Maryland 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE JUN 13 1968 30M REV.

100		MINIO 10 TOCK		anning (1)	500
NA HOLDER	3 - unpli	typillare	ALTI	r seent	
	lant a tant.	, in the second	estat.		and A
	, , , a				
		Mally . Torne			
WHIL	780a Pinebood				
Quadi-	- m. M	oil (appeal on)	gm/s/078 .		
	insi disajiri brita Japanesi Jahan	on factors out	onot		
n ord is		5.	C :c : 1 :		
5 illor it		10 101	I charta		
l'onthe		t e Lu.	. ate i, aloc		
		2	cIc j;	r Cr.r. 1 3C	3. ac · 2
	33				
AV (0.2)					
ne i chias		ANT AN A SELLA	o et, .a.	Pren C.	
A 11-5	,				

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN (Type or Print) ESTI-DEATH MATED 3. SEX AGE (In years 2c. DATE PRONOUNCE rthday) YRS 70. BIRTHPLACE (Stote of foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED T DIVORCED [with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR MISTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Office along 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13b. COUNTY YES 🗍 NO F 14. FATHER'S NAME MAIDEN NAME Middle executed within 24 . = pencil ADDRESS-5010 (Exergive war or dates of service) 211.10.911 Exo .⊑ 4 within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), the Chief Medical permit. WEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o event DUE TO. OR AS A CONSEQUENCE OF burial-tronsit Conditions, if ony, which gove rise to immediate couse (a), should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= should be farworded to pup certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 removal 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, pe 21o. EXTERNAL CAUSE WAS 3 should 21b. TIME OF INJURY Month, Day, Year PRIMAR OR CONTRIBUTING buriol, cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office Huilding, etc.) 21f A OCATION Street or R.F.D. No. FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described obove held an Autopsy Inspection \ Inquiry N director. death resulted from: Natural causes [Acodent Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE _ 5 may TO FUNE Health **EXAMINER'S** NAME (Type) (Aunos Johnson the 23o. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) 6-26-1968 Mt. Olivet Cemetery Frederick. Maryland 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Gawler's Sons Inc., 5130 Wisc. Ave. VR A15ME (5) 10M REV. 1/68

MAKTLANU STATE DEPAKTMENT OF HEALTH

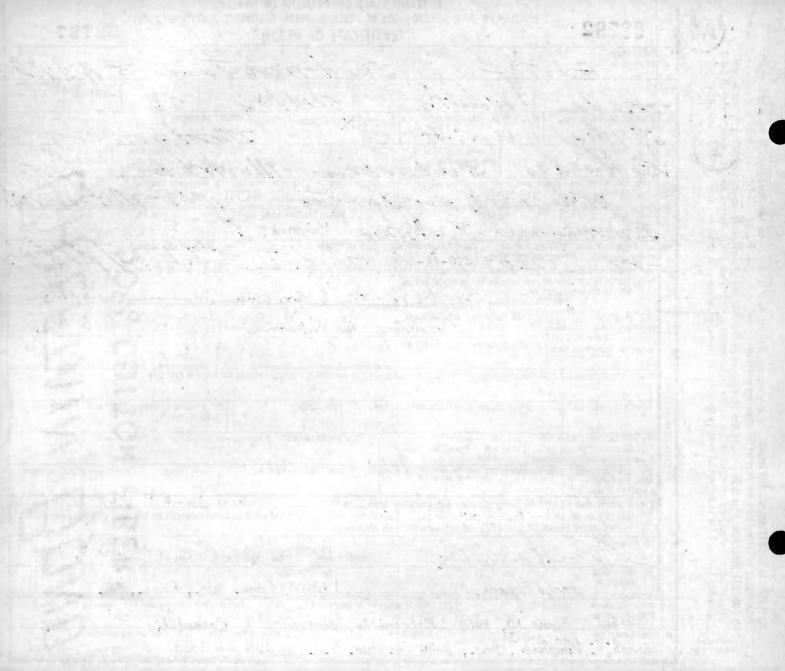


MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08796 CERTIFICATE OF DEATH Last 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR Month 9 (Type or print) WILliam I. STEINBERG June 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) DAYS HOURS Male White Jan. 1, 1910 signed by the attending physician and completely filled in by the burial-transit permit. Then please remove carban papers. Act burial, cremation, ar remaval, and in any event, within 72 haurs requires that the death certificate be executed within 24 hour 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Balto., Md. USA WIDOWED [DIVORCED | Montgomery 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of warking life, even if retired.)

Merchant give street address) **INDUSTRY** Rockville 110 S. Adams Street Mens Cho 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 110 S. Adams Street admission) STATE 13b. COUNTY YES NO Md. Rockville Montg 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle First Lost Ben jamin David Steinberg Bertha Grossman 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, pe, or unknown) (If yes give war or dates of service) 217-32-1159 Mildred Steinberg same as 13 above 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO V 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 1970, to 1970, to 1970, that (I) (we) last saw the deceased glive on 1970, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS PHYSICIAN'S William S. Murphy 618 W. Montgomery Ave. Rockville NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) June 11, 1968 United Hebrew Cem Baltimore, Md. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Goldberg Fun eral Home 4217 9th Street N.W. DATE JUN. 30M REV.

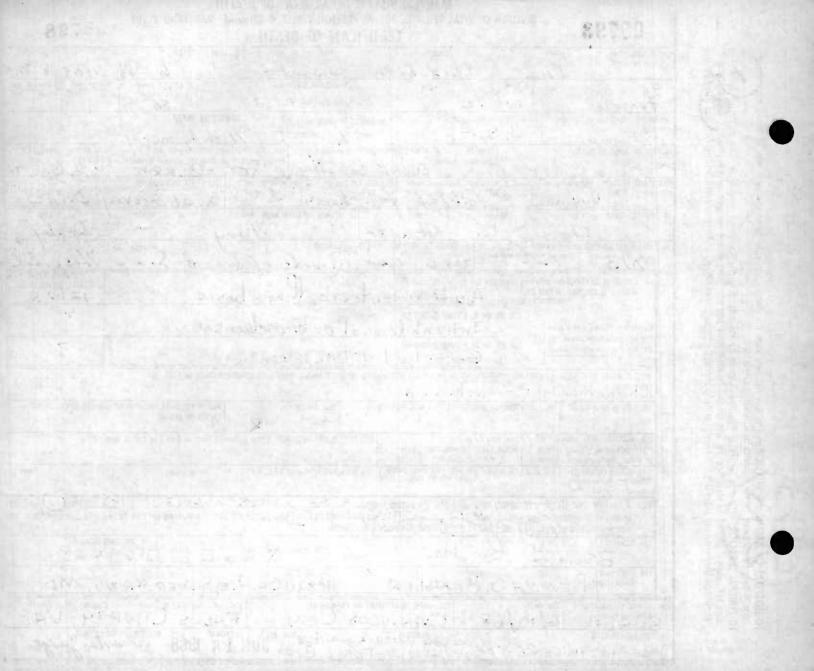
32180	ALTER TO SEE	And subtraction in	10790
was well e	emis Distinct	.1	20.01-17
	giện () .mas	0027	**************************************
739/89	elaci.		
Indo wast 1 Start	Japanes Labores	amaba .8 pli	e.f.f.tvicos
. Adams Street .	dit see acce	Pont . Koos	
	s dinei		
evodž Ež za odst	en in residente destalli		P Balls as hope into de into
			at the state of th
elimios, pva yra	oscioli i dia di	Surjuga .	o more and the
	erater 1900 - Abbut - Paris ac	the state of the s	() son't sinobled

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ED-NAME or print) 4. RACE S. DATE OF BIRTH 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) PLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED Md.
FO-NAME or print) 4. RACE S. DATE OF BIRTH 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) VRS. MONTHS DAYS HOURS MIN. PLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
A. RACE S. DATE OF BIRTH 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) PLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) VRS. MONTHS DAYS HOURS MIN. PLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
PLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
PLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
MONKNED NEVER MARKIED
7.10 da - WIDOWED DIVORCED DIV
R TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 120. USUAL OCCUPATION (Kind of work, dane during profit of working life, even if retired.) 121. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during profit of working life, even if retired.)
Thesa D'elalithan III strator beall.
AL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13c. 13c. CITY LIMITS?
Than Mongemer Rensington 1/303-11175 Cherst.
R'S NAME First Middle Lost IS. MOSTHER'S MAIDEN NAME First Middle Lost
mmanuel Tankstran Unknown ?
DECEASED EVER IN U.S. ARMED FORCES? O, or unknown) (If yos give war or dales of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT
(1) (11 yes give war of colleg of service) 450-18-6686 Homa L. Jungsfrom to a bours
CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinonic 3Mas-
550 DUE TO, OR AS A CONSEQUENCE OF ditions, if any, which gave) 3 Mgs
(b) (b)
ing the underlying couse DUE TO, OR AS A CONSEQUENCE OF J
(t)
T 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
YES NO CAUSES OF DEATH?
"2" "0" "0" "1" "1" "1" "1" "1" "1" "1" "1
ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 Item 18.)
ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY R CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
R CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 19
R CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year ither, natify medical examiner) P.M. 19 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC. 21f. LOCATION Street ar R.F.D. Na. City or Town County State
R CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. No. City or Town County State ork of work
R CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 19 21f. LOCATION Street ar R.F.D. Na. City or Town County State 10 Nat while of twork 10 Lectify that (I) (this haspitol) attended the deceosed from Full (I) (we) lost 11 sow the deceosed glive on 12 and thot in (my) (aur) opinion death accurred on the dote and haur and fram the
R CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 19 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, FTC. 19 21f. LOCATION Street or R.F.D. No. City or Town County State ork of work 10 Lectify that (I) (this haspitol) attended the deceosed from the causes stated above, (I) (we) (did) (did nat) view the bady after death.
R CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 INJURY OCCURRED Not while on work I certify that (I) (this haspitol) attended the deceosed from 19 INJURY OCCURRED of Work I certify that (I) (this haspitol) attended the deceosed from 19 Injury Occurred on the dote ond haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. ATTENDING MED. STAFF 222 DATE SIGNED
R CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 INJURY OCCURRED to twork It certify that (I) (this haspitol) attended the deceosed from Floral and that in (my) (aur) opinion death accurred on the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. SIGNATURE RECONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 216. LOCATION Street ar R.F.D. Na. City or Town County State 19 ATTENDING MED. STAFF PHYS. DEGREE PHYS. ATTENDING DIRECTOR PHYS.
R CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) Of Icertify that (I) (this haspitol) attended the deceosed from the sow the deceosed alive on 19 and thot in (my) (aur) opinion death accurred on the dote ond haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. SIGNATURE PHYSICIAN'S DEGREE ATTENDING MED. STAFF PHYS. 222 DATE SIGNED PHYS. 222 DATE SIGNED PHYS. 222 DATE SIGNED 222 DATE SIGNED DIRECTOR PHYS. 224 DATE SIGNED 226 ADDRESS
R CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. City or Town County State Nat while of twork O. I certify that (I) (this haspitol) attended the deceosed from Local and thot in (my) (aur) opinion death accurred on the dote and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. SIGNATURE PHYSICIAN'S DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. 22e. ADDRESS NAME (Type) George Sharpe MD 10400 Conn. Ave. Kens. Md.
R CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. Gity or Town County State 10
R CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 INJURY OCCURRED Nat while of twork O. I certify that (I) (this haspito) attended the deceosed from for any opinion death accurred on the dote and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. SIGNATURE PHYSICIAN'S DEGREE ATTENDING PHYS. 220 DATE SIGNED 222 DATE SIGNED 224 DATE SIGNED 225 DATE SIGNED 226 ADDRESS NAME (Type) Ceange Sharpe DEGREE 10400 Comp. Aue. Kens. Md. Claurty) (State)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08798 CERTIFICATE OF DEATH Last DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOUR (Type ar print) 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. lost birthday) MONTHS DAYS HOURS 1-29-83 YRS law requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT_COUNTRY? 8. MARRIED NEVER MARRIED country) ond completely filled in WIDOWED S DIVORCED [please remave carbon poper burial, cremation, or removol, and in ony event, within 72 12a. USUAL OCCUPATION (Kind of work done IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during prost of working life, even if retired.) give street address) INDUSTRY 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13b. COUNTY > YES X NO T 14. FATHER'S NAME Middle Middle 1S. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, ar unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 12 hR S IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriof-transit p Canditians, if any, which gove) MITTAA rise ta immediate cause (a), Page 4 moy be retained by the hospital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse DENERA 170 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to emphy semA CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO 🔀 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at wark at work 22a. I certify that (1) (this hospital) ottended the deceased from 5-24, 1968, to 6-13, 1968, that (1) (we) last saw the deceased alive on 1968, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stoted above (1) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** X MNS DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 10820 GA. HUE FNALER 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Lown) 23o. BURIAL, CREMATION 23b. DATE (County) (State) REMOVAL (Specify) AKWOOD 13 ADDRESS IS CONSINAUE 250. RECT BY REGISTRAR 18 HINGTON, D. C. DATE JUN 18 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

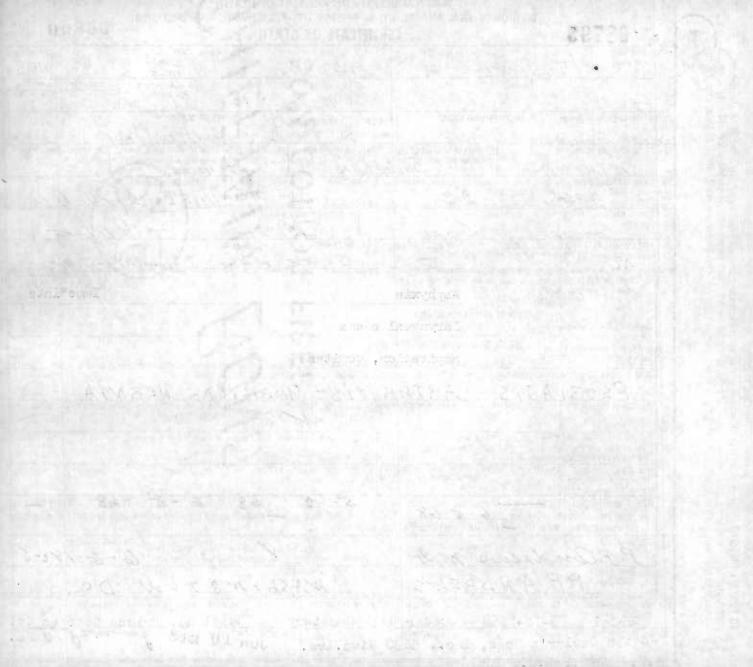


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08799 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2a. DATE KNOWN 1. DECEASED-NAME First 2b. HOUR (Type or Print) ANNIE TARMON OF ESTI-Poge DEATH MATED IF UNDER 24 HRS. 6. AGE (In years 3. SEX 4. RACE 2c. DATE PRONOUNCED DEAD 2d. HOUR White Year 68 Female Mante Day 28 12nogr 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7a. BIRTHPLACE (Stote or foreign Poges 1, WIDOWED X DIVORCED [Montgomery 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired) INDUSTRY Retired give street address) Halpine Rockville Rd. 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER pages 1 and 2 with J3b. COUNTY Montgomery 5809 Halpine Rd. Rockville YES 🔀 NO 🗔 ofter 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle Frank Fisher Laura Frizzell 5524 Besley MASS REUL MD 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) 579-14-6870 ROBERT E. LEE JR. -GRANDSON File within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF (b) use of plastic beg and olings
DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate couse (a), certificote should writing the word stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) removol, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18. 3 should PRIMARY OR CONTRIBUTING Tiel Plantic bag on head Took. nebulal caboules CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, City or Town factory, office building, etc.) moy be retoined for your FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection X Inquiry V and in my opinion Suicide 1 Homicide death resulted from: Natural causes ... Accident . Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED the funerol SIGNATURE Jun. 28, 1968 DEPUTY MEDICAL EXAMINER 5 m TO FUN Heolth EXAMINER'S JOHN G. BALL NAME (Type) ADDRESS(Street, city, town, or county) Bethesda. Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Mt. Zion Cemetery Bethesda, Maryland Burial 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE PUMPHREY, Bethesda, Maryland ROBERT A.

DETERMINE AND RESIDENCE OF THE PROPERTY OF THE backers of the last of the control of Etagulaw hance b WHAT HE MEST VICTOR Williams The Table of the Carlot of the Carl the state of many from the state of the stat the man the solerwise of the solerwise o SECTION OF THE PROPERTY OF THE · Branch and A demily so the same of the design of the land of the la Selection of the sections of the selection of the selecti

MAKYLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08880 CERTIFICATE OF DEATH DECEASED-NAME Lost First Middle 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Month EANET JUNE 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. filled in by the poges last birthday) MONTHS DAYS HOURS 10-18-188 burial-transit permit. Then please remove carbon popers. Poc burial, cremation, or removol, and in ony event, within 72 haurs 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED (auntry) WIDOWED SCI DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.) INDUSTRY ond completely Home 3d INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER 13b. COUNTY YES 🔲 NO 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First physician o DEORGE 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) GRACE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Asphyxia BETWEEN ONSET AND DEAT Immediate DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave laryngeal edema signed by the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospitol or ottending physicion. stating the underlying cause: aspiration, vomitus PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate hos been be detached for use os the State Dept. af Heolth prior to 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES I 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Manth Day Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this hespital) attended the deceased fram 3-29, 1968, to 6-5, 1968, that (I) saw the deceased alive an 6-5-68, 19, and that in (my) (our) apinion death accurred an the date and hour and 3 shauld be saw the deceased alive an____ _, and that in (my) (our) apinian death accurred an the date and haur and fram the director, page 3 shauld should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR PHYS. PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE (County) (State) REMOVAL (Specify)
Burial 6-10-1968 Cedar Hill Cemetery Suitland. Prince Georges Co. 24. HUNERAL DIRECTOR Gawler's Sons, Inc., 5130 Wisc. Ave. 250. REC'D BY REGISTRAR 1958. REGISTRAR 9-STONATOW VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18801 CERTIFICATE OF DEATH Last DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR A death: 24 haurs after death the funeral ages 1 and (Type ar print) June 6:00 John Francis Tierney n by the fun rs. Pages 1 hours after c IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. last birthday) Male White HOURS 17 December 1923 7o. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED papers. Washington, DC USA Montgomery WIDOWED [7] DIVORCED X 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR JUSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within burial, crematian, or remaval, and in any event, with The Clinical Center during most of working life even if retired.)
Insurance Haent INDUSTRY Bethesda remave carbon and campletely Insurance 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 3e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE Maryland 4813 42nd Avenue Georges Hyattsville YES 32 14. FATHER'S NAME First Last 15. MOTHER'S MAIDEN NAME First Middle Kent Tierney Gertrude Carl 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Addes 2 9 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Dierney Yes, na, or unknawn) Yes The Clinical Center, NIH, Bethesda, Md. 20014 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED 8Y:
Rilstonal Death BETWEEN ONSET AND DEATH signed by the attendi burial-transit permit. Bilateral pneumonia with effusion 2 weeks IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) Hodgkin's disease IV B 4 years rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar ottending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached far use as the burial-trar shauld be filed with the State Dept. af Health prior ta burial, crea stating the underlying cause Cryptococcal meningitis 6 months PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Pancytopenia with gastrointestinal bleeding; acute myocardial infarct 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X Yes NO | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town Caunty While Nat while at work 22a. I certify that the this haspital attended the deceased from 14 Feb., 19 68, to 5 June, 19 68, that (this haspital) attended the deceased from 14 Feb., 19 68, to 5 June, 19 68, that (we) last saw the deceased alive on 5 June 19 68, and that in (1994) (our) apinian death occurred on the date and haur and from the causes stoted obove. (the (we) (did) (thist post) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED MED.
DIRECTOR 6 June 1968 E. DEGREE 220. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Ashley T. Haase, M.D. Institutes of Health, Bethesda, Md. 20014 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) 23a. BURIAL, CREMATION

23a. BURIAL, CREMATION, PEMOVAL (Specify)

Oune 10, 1968 Parklawn Cemetery

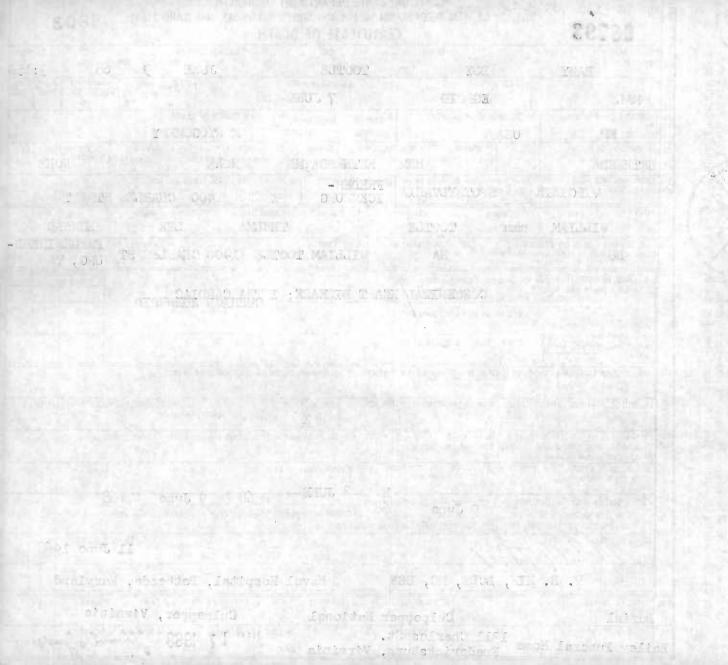
VR ALTHOUGH FUNERAL DIRECTOR CONTROL OF COMMENT CONTROL OF CONTROL OF COMMENT CONTROL OF CONTROL OF COMMENT CONTROL OF COMMENT CONTROL OF C

1 0 0 0 1 1 THE REAL PROPERTY. for a second of the contract o BEN AND THE ACT OF THE PROPERTY OF THE PROPERT with trainer Incorporate to an analysis of the manner o 2 ond it returned when notice to restrict the first time the objects AND AND ALLERS HAVE THE MAKE STORY IN THE ST

MAKILAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08797 08802 CERTIFICATE OF DEATH 20. DATE OF DEATH 1. DECEASED-NAMI First Middle Last death. (Type or print) Month Yeor Day Svlvia Marie Tomlinson Time 1968 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR requires that the death certificate be executed within 24 hours after 3. SEX 6. AGE (In years last birthdoy) MONTHS I OAYS HOURS the Female White March 24 1903 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Michigan America WIDOWED -DIVORCED [Montgomery eq 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** Takoma Park Washington Sanitarium Housewife camplete burial, crematian, ar remayal, and in any event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Montgomery YES 🔀 NO 🗆 remave 10110 New Maryland 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle pup First Lost Samue1 Beale Clara Bowden physician on please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) -03-5723 Patient's chart APPROXIMATE INTERVAL attending property. The 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the a burial-transit pe Conditions, if any, which gave rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County State While Nat while at work at work 22a. I certify that (I) (this hospital) attended the deceased from Wall . 1960 to 27 1963, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on 4 may be retained couses stoted obove, (I) (we) (did net) view the body ofter death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22d. PHYSICIÁN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 230 BURIAL EREMATION CREMATORY (County) (State) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68

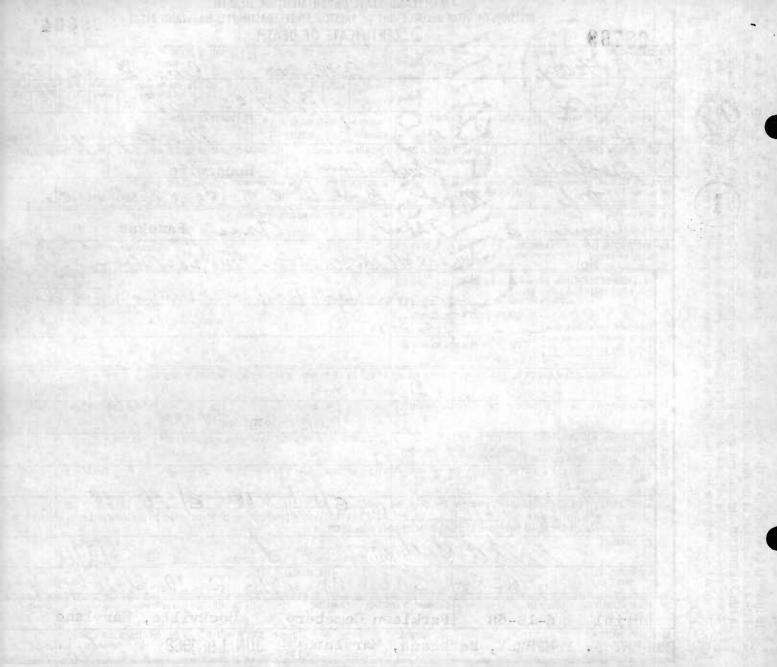
200	THE PERSON OF STREET,	140 - Edito - Personal	18120
an, cray,	logitmen: June 28.		huga Talif
	PARTO 200 LAT FORE	ed I de l	0.7100.00
	esware too this or a fixther	51.7809.	
	The interest of the contraction is	notat kilia	2707 hap is f
Aug on little and	was order to \$ to a sould		and many many
E (Elarci		Sarie	
	1.52 - 3 0 0 0 0 0 0	V4+E(1+ VV4	
		. 50 70,1	
250			
57.V			
A			÷
			Trust No.
	KOTOWARN HENLINGTON	1997 1985	
	TOWN THE SELECT		

	1 DECLACED MANY	6a: 1.13	CERTIFICA	TE OF DEATH		ATU		Tal House
	1. DECEASED-NAME First (Type or print)			Lost	2o. DATE OF DI	Month Dov	CO Yeor	2b. HOUR
	BABY	BOY	T00'		JUNI		68 Teor	3:15A
	3. SEX MALE	4. RACE NEGROID	,	7 JUNE 68	3 °	. AGE (In years lost birthday)	MONTHS 2 DAYS	HOURS MIN.
	7o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF D			
H	Quanti MD , Va.	USA	WIDOWED	DIVORCED	MONTOG	OMERY		Mo
26	10. CITY OR TOWN OF DEATH BETHESDA	11. NAME OF HOSPITAL OR give street oddress) NN	AC BETH	ESDA, MD during	MOST NONE IN (K	(ind of work done e, even if retired.)	12b. KIND OF INDUSTRY NO	BUSINESS OR
3	13o. USUAL RESIDENCE (Where deceded odmission) STATE VIRGINI	osed lived, if institution: Residence befor A 13b. COURPOTSYLVANI	A ICKSB		13e. STREI 1400	T AND NUMBER CHARLES	STREET	- 3/43
3	14. FATHER'S NAME First WILLIAM	Middle Lost nmn TOOTLE	15.	MOTHER'S MAIDEN NAME THEI		Middle LEE	HOWA:	Lost RD
	160. WAS DECEASED EVER IN U.S. AR		Y NO. 17. INF	ORMANT LIAM TOOTLE		Address HARLES ST	FREDE	RICKSB-
							URG,	LATE INTERVAL
H	PART 1. DEATH WAS CAUS	nly one couse per line for (o), (b), ond (ED BY: IATE CAUSE (o) CONGENITAL	().) HEART T	TSEASE. TNO	TRA CARDT	AC	BETWEEN O	ISET AND DEATH
	MMED 1MMED	IATE CAUSE (0) CONCENTIAL	INSALLE D	TORACE; IN	USHION A	ENESIS		
	Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE C					1000	
	rise to immediate couse (a), stating the underlying couse	(6))F					
	last.	(c)						
	75117	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE OF	R CONDITION GIVEN I	N PART 1(o)		
	190. DATE OF OPERATION 198	o. CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY? YES X NO [CALIFFE O	ES, WERE FINDINGS CO F DEATH?	ONSIDERED IN CE	RTIFYING
	OR CONTRIBUTING CAUSE OF OE	HOUR A.M. Month Doy Ye riner) P.M.	or 19	V INJURY OCCURRED (En		in Port 1 or Port 2, I	tem 1B.)	
	21d. INJURY OCCURRED While Not while of work of work	B. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		************			County	Stote
	22a. I certify that (I) (t	his hospitol) ottended the deced	1968, ond	that in (my) (our) o	pinion deoth oc	ניו ת 19 ourred on the do	te ond hour	(I) (we) las
		re (I) (we) (did) (did nat) view th	e bady after de	eath.		1 00 1	NATE CLONED	
	22b. SIGNATURE	1xhu	DEGRE	1 11101	MED. DIRECTOR	STAFF PHYS.	June 1	968
	22d. PHYSICIAN'S NAME (Type) W. R	HIX, LCDR, MC, U	SN	Naval Hos	spital, B	ethesda,	Marvlan	đ
)	23o. BURIAL, CREMATION, 23b		per Nat:		23d. LOCATION	(City or Town) per, Virg	(County)	(Stote)
8	24. FUNERAL DIRECTOR	1311 Charles		2So. REC'D		68 REGISTRARY		
4	Bailey Funeral	KI UNKUMB	DUA		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		200	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03804 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2g. DATE OF DEATH Last 2b. HOUR and 2 requires that the death certificate be executed within 24 hours after death. funeral (Type ar print) Manth Year Toth 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS DAYS HOURS YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address during most of working life, even if retired.) **INDUSTRY** Housewife (Where deceased lived, if institution: Residence befare 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER eve admission) STATE 13b. COUNTY YES NO signed by the attending physician and camburial-transit permit. Then please femovaburial, crematian, or remaval, and in any eve 14. FATHER'S NAME Middle Last Middle 1S. MOTHER'S MAIDEN NAME First Fazekas 17. INFORMANT 160. WAS DECEASED EWER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, na, ar unknawn) 3.05 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health prior ta has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO IX O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark ATTENDING 220. I certify that (I) (this hospital) attended the deceased from 1968, and that in (my) (our) opinion death occurred an the date and hour and from the be retained directar, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED STAFF DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) Rockville, Maryland Parklawn Cemetery 6-18-68 30M REV 768 ROBERT PUMPHREY, Bethesda, Maryland DATE

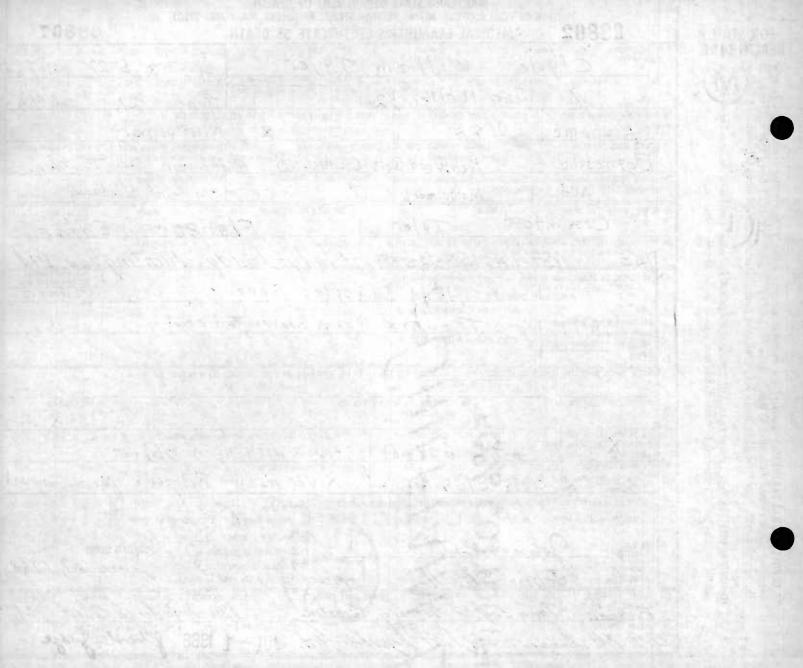
MAKTLAND STATE DEPAKTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME Middle First Lost 20. DATE Yeor (Type or Print) OF Page EUSTACE TMAN DEATH MATED delay and 3 IF UNDER 24 HRS 6. AGE (in years IF UNDER 1 YEAR 3. SEX 4. RACE 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD and PM3. 68 Yeor JUNE 23, 1901 667 YRS the State Depa 70. BIRTHPLACE (Stote or foreign De 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED | DIVORCED [NTUOMER Give Pages death 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 4800 Cheuy Chase during most of working life, even if retired.)
EMET. PLANNING INDUSTRY (500 E. 13e. STREET AND NUMBER 4800 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY MOINTGOME chev- chase odmission) STATE Chas YES NO 24 hours Item 1 Office after 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME .5 haurs the Chief Medical Examiner's pages within pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 448 (Yes, no, pr unknown) (If yes give war or dates of service) Chase FIOTIND File .⊆ APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Conditions, if ony, which gove rise to immediate couse (o), certificate should writing the ward DUE TO OR AS A CONSEQUENCE OF stoting the underlying couse .= 4 shauld be farwarded ta and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 OS remaval, used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This execute the certificate. YES [pe ar 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 shauld 21b. TIME OF INJURY Month, Doy, Year HOUR A.M PRIMARY TO OR CONTRIBUTING crematian, EXAMINER: CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote DIRECTOR: Page NOT WHILE foctory, office building, etc.) AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection D Inquiry and in my apinian death resulted from: Natural causes Accident Suicide Homicide Undetermined manner D ed se CHIEF MEDICAL EXAMINER ACTUAL may be re FUNERAL (22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUT **EXAMINER'S** 5 may TO FUNE Health NAME (Type) BURIAL EREMATION. 23b. DATI NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) L CREMATURI 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Betheoda

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08801 CERTIFICATE OF DEATH 3806 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR 24 hours after deoth (Type or print) Month IRAINER EON 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS lost birthday) HOURS MALE WHITE YRS. 7a. BIRTHPLACE (Stote or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED WIDOWED [DIVORCED [7] MONTGOMERG ENNA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address) during most of working life, even if retired.) INDUSTRY DETHESDA signed by the attending physicion ond complete buriol-tronsit permit. Then please remove corb 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY YES PO NO T DETHESDA 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Edward Trainer Mary Woodward 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, grunknown) or removol, Jnknown 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C cremotion, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) buriol-tronsit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) certificate has been sighted for use as the best. of Health prior to b 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO F 4 moy be retoined by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn State County While Nat while of wark O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased fram-Much 196 Sand that in (my) (aur) apinian death occurred an the date and haur and fram the saw the deceased alive an_ causes/stated abave, (1) (we) (did) (did not view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. 4709 Montgomery Lane 22d. PHYSICIAN'S 22e. ADDRESS PAUL D CANTOR NAME (Type) director, g Bethesda, Maryland 23c. NAME OF CEMETERY OR CREMATORY
Cedar Hill Crematory 23d. LOCATION (City or Town) (County) Md 23o. BURIAL CREMATION 23b. DATE Crediation 6-6-68 Robert A Pumphrey 7557 Wisconsin Ave 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 1968. REGISTRARS HENATURE 30M REV. Bethesda, Md

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08807 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) OF ESTI-DEATH MATED 4010 Page 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD HOUR and PM3 last birthday) HOURS Jan M W. 2YRS the State Depa 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form Montgomera bama WIDOWED [DIVORCED X Give Pages 24 hours ofter deoth olong with 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Club during most of working life, even if retired.) give street oddress) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN deoth. with 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 00 odmission) STATE YES 🗌 NO ond 2 tem | ofter 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Lost 21 hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT within pencil the Chief Medical Examin (Yes, no, or unknown) ermit. File p within 72 l be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. *RETWEEN ONSET AND DEATI* pending PART I. DEATH WAS CAUSED BY Sevei Head Injuries-5ºudder IMMEDIATE CAUSE (o) buriol-transit Trauma. from blows. to Head Conditions, if ony, which gove) rise to immediate couse (a), certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 2 farworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, nsed CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES 💢 NO T pe should be 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING MEDICAL cremotion, 1968 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. County factory, office building, etc.) FUNERAL DIRECTOR: Poge Bethesd 2 AT WORK buriol, 22a. I certify that I taak charge of the remains described above, held an Autapsy 🔀 Inspection X Inquiry X and in my apinian the funeral director. death resulted fram: Natural causes Suicide . Hamicide X Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. Heolth DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) MD ADDRESS(Street, city, town, or county) 50 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Cometaky 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08888 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWN[] Month MRS Print) ESTI-VIOLA H. ULINSKI Page DEATH MATED 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR 3/1/21 Female Cau. 1968 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Penna. USA Montgomery WIDOWED [DIVORCED [Office along with far land 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done give street oddress Holy Cross Hosp during most of working life, even if retired.) **INDUSTRY** Silver Spring Md 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE Maryland Montgomery Wheaton Pro YES X NO [3320Pendleton Drive ofter 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME Middle David Krider Claire Briggs hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, or unknown) (If yes give war or dates of service) 176 20 9281 Alexander Illinski Same as #13 APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one cause per limited (a), (b), and (c). RETWEEN ONSET AND DEATH farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event Conditions, if any, which gave rise to immediate cause (o). certificate should stoting the underlying couse Ξ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? icote. 5 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy ... Inquiry X Inspection 🔀 ond in my opinion Accident Suicide XI. death resulted from: Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL moy be re 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIG NATURE __ 5 moy O FUNE Health or county) NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) Burial (Specify) 6/10/68 Gate of Heaven Silver Spring Montg. 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATUR VR A 15ME (5) Francis Gasch's Sons Hyattsville, Md. 10M REV. 1

Wenneddol Wenneddol ar Chwyl Gardy yfai . 5.111 -the subject of the test of the subject of the subject of Charles of Carly Same Day THE ELECT THE PARTY with a property of the control of th the second section of the second section of the second sec

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08804 CERTIFICATE OF DEATH 1800 DECEASED-NAME Middle 2g. DATE OF DEATH 2b. HOUR death. and (Type or print) Month 05 Celest 500 by the function Pages 1 c remave carbon papers. Pages 1 any event, within 72 hours after 3. SEX 4 RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. be executed within 24 hours after last birthday) MONTHS DAYS HOURS 60 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH campletely filled in Montgomery New York U.S.A. WIDOWED [DIVORCED [and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY GOVE give street address) during most of working life, even if retired.)
General Services Monrovia Mexlev Road 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER Montgomery Moxley Road YES ST Monrovia Maryland 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last Maria Colaciccho Steven Luxupone attending physician consumit. Then please ertificate 16b. SOCIAL SECURITY NO 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na, ar unknawn) (If yes give wor or dates of service) ar remaval, No Vincent Vasco 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY requires that the death coustic Neuroma permit. IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave: burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes signed 1 burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) peen as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? pas CAUSES OF DEATH? NO N State Dept. af Health Page 4 may be retained by the haspital ar After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED 21b. TIME OF INJURY (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State County OFFICE BUILDING, ETC. While Nat while at wark I certify that (I) (this haspital) getended the deceased from April , 1968, to June, 1968, that (I) (we) lost sow the deceased alive on June 30 1968 and that in (my) (our) opinion death occurred on the date and hour and from the 22o. I certify that (I) (this hospital) attended the deceased from..... directar, page 3 shauld should be filed with the FUNERAL DIRECTOR: couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) mount 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) Suitland, Maryland 7-3-68 Cedar Hill Cemetery 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR PUMPHREY, Bethesda, Maryland 1968 30M REV. 1/68

400 Colest Land Vasca Long Bayes 85 Fourte to hite overly 1907 60 .it.i. _____blockwist demonstrate ____bnes velve Stewer Annipone Baria Collectiving oonev eksangi State Accustic Mountains, Pours Sympa Aug 59 Mar W. Acoustic Newson & XI The Wall of the State June 30 1:484 St. 100 June 100 Well Lecturied De De For The Total 8 W.B. Culwall M.D. Mount Hiry margaret institut (saleine og er and it to entre to to the first tend Spirit as it, retainment, so therein, vary land in all the sections as a section of

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08810 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month 2b. HOUR (Type or Print) ESTI-DEATH MATED delay 3. SEX 4. RACE 6. AGE (In years S. DATE OF BIRTH 2d. HOUR and PM3 with the State Departm Year YRS 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH along with farm WIDOWED D DIVORCED in Item 18. Give Pages 12a. USUAL OCCUPATION (Kind Work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired.) HOUSE WIFE eath. admission) STATE 13b. COUNTY Office 14. FATHER'S NAME farwarded to the Chief Medical Examiner's 17. INFORMANT 16g. WAS DECEASED EVER IN U.S 16b. SOCIAL SECURITY NO. be executed within "pending" in pendil 6402-**ADDRESS** (Yes, np, pr unknown) 222-30 DALE, TERR File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY bolou s IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a), This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O remayal CERTIFICATION nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES X NO [shauld be OF 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page NOT WHILE I AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsystem. Inspection I Inquiry and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner Health prior ta CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER may ADDRESS(Street, city, tawn, or county) NAME (Type) 50 BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (State) 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

which makes a seeing was control to the first time to make the control of the con

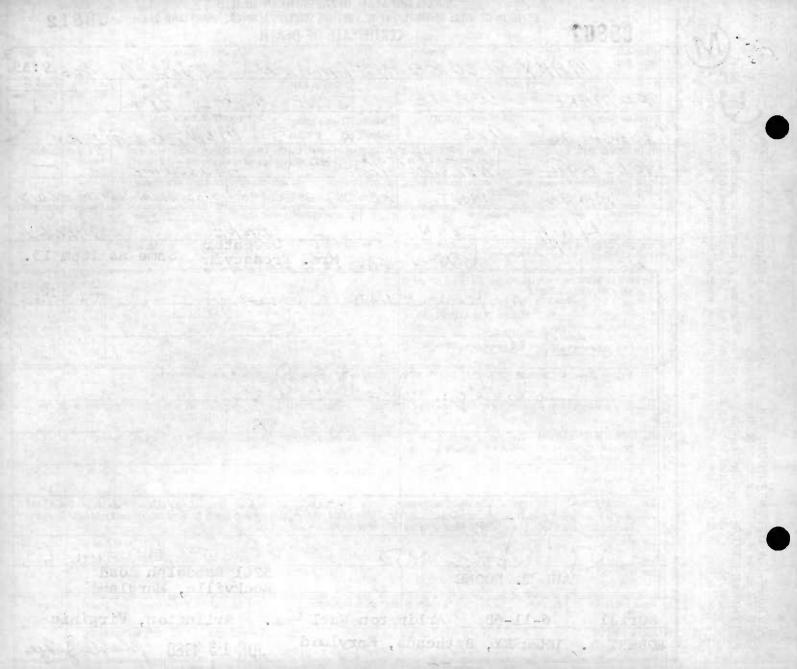
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08805 5811 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH DECEASED-NAME 2b. HOUR (Type or print) 61 June Elizabeth Jennie Viancour 1968 IF UNDER 1 YEAR **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX 3/1/90 last birthday) DAYS HOURS within 24 hours aft female cau 7o. 8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Montgomery WIDOWED TO DIVORCED | U.S.A. Holt, Mich. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Holy Cross Hosp during most af warking life, even if retired.) Silver Spring 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? requires that the death certificate be executed 13e. STREET AND NUMBER 13b. COUNTY Laguna Hills YES 25051 McKenzie St. California 14. FATHER'S NAME Middle Middle 1S. MOTHER'S MAIDEN NAME First First Last Lydia Potter David 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, or unknown) 6-2060 Florence Price, 4615 Edgefireld Rd. Bethesda IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 10) ARTERIO SCLEROTIC HEART DISEASE MONTH. Conditions, if any, which gave rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) MELLITUS 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO X 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from MAY 2013, 1968, to Time 7, 1968, that (I) (we) last saw the deceased alive an Time 7, 1968, and that in (my) (ack) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b, SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS KICHARD CONNECTICUT AV NAME (Type) 10400 23d. LOCATION (City or Town)
Lansing, Mich 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE (State) Deep Dale Cemetery PEMOVAL Specify) 6-12-68 250. REC'D BY REGISTRAR DATE JUN 13 FUNERAL DIRECTOR VR A15 (4)

41804			0.000
N NOT YOUR THE NOTE	Visnoons.V	. Dirabeti	o ano
	3/1/93	4/50	felalo
Familiotics and miss			.nolw.,siot
e lyohuod	A Maid eron (1		palage territor
and almostor story	Medicial amount		120201120
e at the second of the second			litygu dan a
	• >		

Service of the second services of the services

would protect the your past which great the sound of the state of the

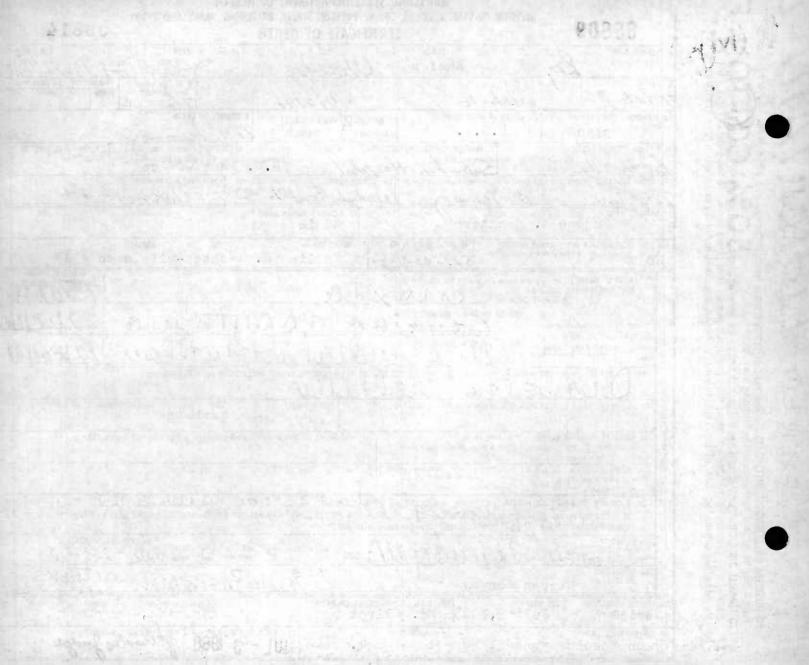
MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last First 2a. DATE OF DEATH 2b. HOUR T death. (Type or print) Manth fuheral 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Softe lost birthdoy) 静 MONTHS DAYS HOURS UNE 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) E ve carban paper: event, within 72 WIDOWED X DIVORCED requires that the death certificate be executed within 24 campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) POTOMAC VALLEY during most of working life, even if retired.) **INDUSTRY** OCKUILLE 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY MONT. KENSINGTON YES 3/00 HOMELLOCA NO 🔀 burial-transit permit. Then please remay burial, crematian, ar remaval, and in any 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle CONNOLLY attending physician sermit. Then please Daughter 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war ar dates of service) Same as Item 13. Yes, no. or unknown) Trossevin Mrs. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY Holoungen ellipse IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE VERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) detached far use as the te Dept. af Health priar ta has been AITENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [NO X TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M. directar, page 3 shauld be detache shauld be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 220. Leertify that (1) (this hospital) attended the deceased from AX, to retained by saw the deceased alive on 1905 and that couses stoted above (11) (we) (did (did nat) view the body after death _196 and that in (my) our) opinian death accurred on the date and haur and from the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS 5201 Randolph Road NOONE PAUL NAME (Type) Rockville, Maryland 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (County) Cem. 6-11-68 Arlington Natl Arlington. Virginia 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) PUMPHREY, Bethesda, Maryland 1968 Charles 30M REV, 1/68



		MAKTLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08813
		CERTIFICATE OF DEATH
	2 0	
death.		CEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR pype or print)
r deat uneral 1 and er deat	,	"I The derick Leroy Oust Sure 1 1968 8 AM
fur er	3. SE	
haurs after haurs after fur		male (1) Lete 2/2/1904 lost birthday) MONTHS DAYS HOURS MIN.
a si	70	SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
E (Exit	cour	
in 24 popper	10. (ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR
The law requires that the death certificate be executed within attending physician. Has been signed by the attending physician and campletely fills se as the burial-transit permit. Then please remave carbar play the prior ta burial, cremation, ar remaval, and in any event, with the prior ta burial.		Bethesder give street address) during most of working life, even if retired.) INDUSTRY
ed of other court,		USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare 13c. CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER
and campletely remave carban in any event, will	aam	ssian) STATE md 13b. COUNTY mont Rockwille YES NO 5/6 Beall are
d c	14.	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Last
be ex and e rem lin an		Frederick Carl Voiest Maigant R. Milles.
ertificate be physician o ten please taval, and ii		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Jane as above
ifice planta	,	es, no, aryonknown) (It yes give war or dates of service) 220-12-3119 (Mele Da Flarence Noiset
th certifi ling phy Then remava		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death cer attending p permit. The		PART I, DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH
ne death attendi permit. ion, ar r		IMMEDIATE CAUSE (a) Respussor Janline
att peri		DUE TO, OR AS A CONSCOUENCE OF MILE Storms to
t the		Canditions, if any, which gove (b) Caremona & Lery Polason &
that the can. by the attriansit per		rise to immediate couse (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
4: The law requires that to a attending physician. In has been signed by the use as the burial-transitelth prior to burial, cremate		lost. (c) Cocenon to fund
equires physicio signed burial-ti burial-ti		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ng p	-	163 x Cerleuselustes Neat Deene On con Vector.
The law re attending has been se as the th prior ta to	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20g. WYES, WERE FINDINGS CONSIDERED IN CERTIFYING
he atte	SE	YES NO DO CAUSES OF DEATH?
The or att	ERI	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)
IAN: The oil or at ficate ha far use Health		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor
SIC spitition ed ed ed	MEDICAL	(If either, natify medical examiner) P.M. 19
VING PHYSICIAN: by the hospital or ther this certificate be detached freal State Dept. af Heal	-	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. City ar Tawn Caunty State While Not while
5 € ± 9 = 1		at work at work 10 (this housital) attended the despect from the 10 (this to (this t
ENDING ned by th R: After 1 uld be d the State		22a. I certify that (I) (this hospital) attended the deceased fram
ATTENI stained CTOR: A shauld ith the		causes stated abave, (I) (we) (did) (did not) view the bady after death.
E Special State of the state of		22b. SIGNATURE 22d DATE SIGNED
OR De re de v ed w		Au Olan Han Willes DEFREE PHYS. DIRECTOR I STAFF I Lea (1968
may be RAL DIR		22d. PHYSICIAN'S NAME (Type) W. 11, Am & KIPAY 8218 WISCONSIN AUG BETHESON
Page 4 may be retained by the hospital or for FuneRal DIRECTOR: After this certificate director, page 3 should be detached for ushauld be filed with the State Dept. af Healt		
D HOSP Page 4 D FUNE director shauld	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
54500		Burialy 6-4-68 Parklawn Cemetery Rockville, Maryland
VR A15		FUNERAL DIRECTOR DEERT A. PUMPHREY, Bethesda, Maryland DATE JUN 10 1968 REGISTRATE SUCHARRES
SOM KEA. TOO		DATE JOHN TOTAL MICHAEL STATE OF THE STATE O

51000			0.0330
		Land.	
		LEAD OF	
		A 100 A	

MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08809 08814 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) Month Keefer 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) MONTHS DAYS HOURS Whi ma YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland U.S.A. attending physician and campletely filled if nermit. Then please remave carban paper arms within 79 WIDOWED F DIVORCED [nontramers 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital crematian, ar remaval, and in any event, within 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION Kind of work done 12b. KIND OF BUSINESS OR during mast at warking life, even if refired.) give-street address INDUSTRY 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? be executed admission) STATE NO YES X Man land 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle Wachter Eugene A. Addie the death certificate 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) (If yes give war or dates of service) Nellie M. Wachter-wife same 577-03-9313 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART & OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RENATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ar use as the 19a, DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES [detached far use te Dept. af Health certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at wark Page 4 may be retained by to FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased fram 1445 28, 1968, to June 29, 1968, that (I) (we) last saw the deceased alive on June 29, 1968 and that in (my) (our) opinion death occurred on the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE **ATTENDING** director, page Shauld be filed PHYS. DIRECTOR PHYS. 224. PHYSICIAN'S 22e_ADDRESS NAME (Type Steven Conway 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, 23b. DATE (State) REMOVAL (Specify) July 2,1968 Frederick, Marylan Mt. Olivet 0 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR Tyson Wheeler Funeral Home 1331 Rock. Pike



	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
4			8815
- 2-/		Item13a, c, e, FilmGLO2 7/2/68km CERTIFICATE OF DEATH ECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
oneral oneral ond death		Type or print) Maude D. Waldo June 32	Year 1270 PM
b land	3. 5		UNDER 1 YEAR IF UNDER 24 HRS.
# # S. F.		Tenale White 1-30-83 last birthday) YRS. MC	ONTHS DAYS HOURS MIN.
S S S		BIRTHPLACE (Stote of Toreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
4 2 2 2 X		Schmond la. USA WIDOWED DIVORCED Montgomen	
within 24 hours after death ely filled in by the Joneral bon papers: Cages I and within 72 frame offer death.	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of work dane give street oddress) 12a. USUAL OCCUPATION (Kind of work dane during most of working life, leven if refired.)	2b. KIND OF BUSINESS OR
t, with	120	silver spring Colonial Villa Musica Home	
equires that the death certificate be executed with physician. signed by the attending physician and completely burial-transit permit. Then please remove carbon burial, cremation, or removal, and in any event, with	adm	USUAL RESIDENCE (Where deceased lived, if institution; Residence before 186 SITY OR 10WN 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER Packard Hill F	Rd.
any any	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
be be on or		John Robertson Adelena	pencer
physicion ond control ond control ond control ond in any enough on		. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	Ave, Silver Spring
ph)		12325 V	APPROXIMATE INTERVAL
he death ce e attending permit. The		18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
dea itten ermi		IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	Say
the o		Conditions, if ony, which gave	
thot In. by t ons rem		rise to immediate cause (a), (b) Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
res /sicio ned iol-tr iol, c		lost. (c)	
The low requires that the ottending physician. has been signed by the se os the burial-transit physician.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ow oding ding the or to	NOI	190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 20b. 1F YES, WERE FINDINGS CONS	SIDERED IN CERTIFYING
has has he so	CERTIFICATION	YES NO TO CAUSES OF DEATH?	NOCKED IN CERTIFIED
N: I or or o			n 18.)
ICIAN oital o tificat d for of Hec	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be expended 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and director, page 3 should be detached for use as the burial-transit permit. Then please remoshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any	ME	21d. INJURY OCCURRED While Not while 1 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
NG by the contract of the cont		22a. I certify that (I) (this hospital) attended the deceased fram Nev , 19.66, to 6-22 , 19.6	, that (i) (we) last
OR ATTENDIN be retoined by JIRECTOR: After e 3 should be ed with the Stot		22a. I certify that (I) (this hospital) attended the deceased fram	and haur and fram the
reto FCTG 3 showith		22b. SIGNATURE 22c. DAT	TE SIGNED
be r		R-H- fameling DEGREE ATTENDING MED. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	6/24/80
ro Hospital Poge 4 moy ro Funeral i director, pog should be fill	L.	NAME (Type) R. H. Sandstrom M. 7701 Carroll Ave Take	imatal, mel
FUN FUN Firect	230	REMOVAL (Specific) 23b. DATE 23c. NAME OF CEMPTERY OR GREMATORY 23d. LOCATION. (City or Town) Chilington	(County) (Store)
	24	FUNERAL DIRECTOR , ADDRESS A 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	7,00
VR A15 (4) 30M REV. 1/68	X	Archer Walters, 254 Cerroll DINN & DATE JUN 26 1968 golien	les Judge

tion of a process of the content of the process of the content of Company in the section of the section of the second of the section of the section of the second of the section September 1997 And September 199 The state of the s A STATE OF THE STA The sent of the se TOH Sand Strom Max 7700 Cornell Ave Taken tell from

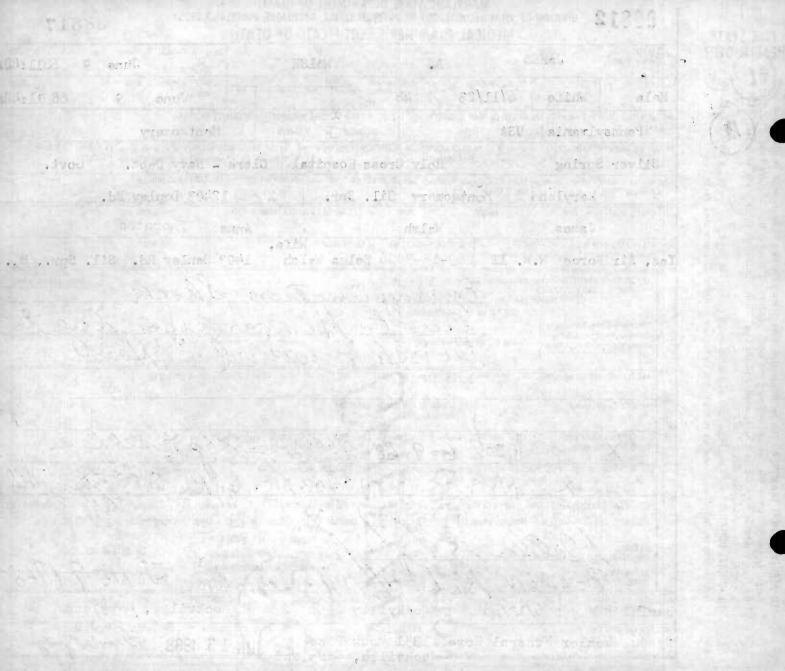
		08811	DIVISION OF VITAL RECORDS,	301 W. PRESTON STRE ERTIFICATE OF D		RE, MARYLAND	21201	J88	16
		CEASED-NAME First YPE or print) Cather	middle rine Marie WALSH	Lost	20.	DATE OF DEATH	E 6º	y 1 98 8	2b. HOUR 6:20A M
s atter	3. SE	x Female	4. RACE Caucasian	S. DATE OF BIRT		6. AGE (II	n years hday) YRS.	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
27	7o. E		7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRII WIDOWED X DIVORCE	נטן ן	ntgomery			Md
27		ethesda, Md.	11. NAME OF HOSPITAL OR INS give street oddress) Nava	TITUTION (If not in hospitol 1 Hospital		UPATION (Kind of working life even		12b. KIND OF INDUSTRY	BUSINESS OR
83		USUAL RESIDENCE (Where deceosession) STATE Virginia	ed lived, if institution: Residence before	13c. CITY OR TOWN 13c	A. INSIDE CITY LIMITS? YES NO	13e. STREET AND 4935 NO		rd ROAD	
3	14. 8	ATHER'S NAME First Henry Stei			DEN NAME First aret Arn	ot	Middle		Lost
		WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give w	NED FORCES? 16b. SOCIAL SECURITY Nar or dates of service) 391 14 089		C. Wals	h 4925 33	Address 3rd Ro	d; Va.	ngton,
	NO	PART 1. DEATH WAS CAUSED IMMEDIA Conditions, if only, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) IDITIONS CONTRIBUTING TO DEATH BUT NO	Hypertension OT RELATED TO THE TERMINAL I	DISEASE ORCONDIT		2.1		ONSET AND OEATH
2	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE	YES 🗀	NO 🔀	20b. IF YES, WERI CAUSES OF DEATH	1?		ERTIFYING
	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination of the complex	H HOUR A.M. Month Doy Yeor ner) P.M. 19	21c. HOW INJURY OCCUI		city or Town	l or Port 2,	County	Stote
	The state of	causes stated above	is hospitol) opended the decease live on 1 e, (I) (we) (did) (did not) view the	ed from 2 April 9 68, and that in (my) body after death.	, 19 <u>68</u>) (aur) apinion	, ta_ 6 Juni death accurred		2 68 , that ate and hour	t (I) (we) las and fram the
1		22d. PHYSICIAN'S NAME (Type) Franci	Ls C. JOHNSON, LT, MC		ESS DIRECTO	al, Beth	□ 6	June 19	968
		BURIAL, CREMATION, 23b. I	-8-68 Calvar	cemetery or crematory y Cemetary	F	LOCATION (City or Cairfax Co	ounty		(Stote)
8	24.	FUNERAL DIRECTOR C . M.	ADDRESS 24 Columbia Pike.	Arlington, 2	So. REC'D BY REG	0 1968	REGISTRAR'	S SIGNATURE	tes

MAKTLAND STATE DEPAKTMENT OF HEALTH

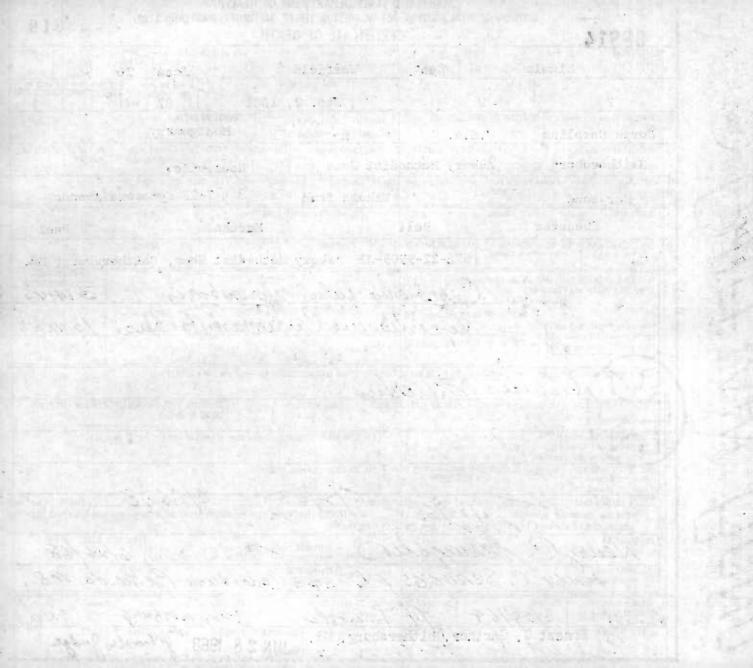
HALL Street subtraction

CONTRACTOR OF THE PROPERTY OF	ENGLY STREET WINT	
The second secon	Camerial	S. Market
		of a top a 19
diverge 1st mg		864 (88e 644 62
MANY THEE . ON THEE . W. STORE THE		Marky Vary
Sound Arrest	rion	200
and the basic as a market of a referrid.		
and the same of th	E Management	
	of the control of the	
ART THE STREET, LANCE OF THE STREET, Mary 1991		
Sentar Paletay County, Va.	2007 a0 200-2) In the

H. J. Marchy See Committee Pites, activity up. 10 1966



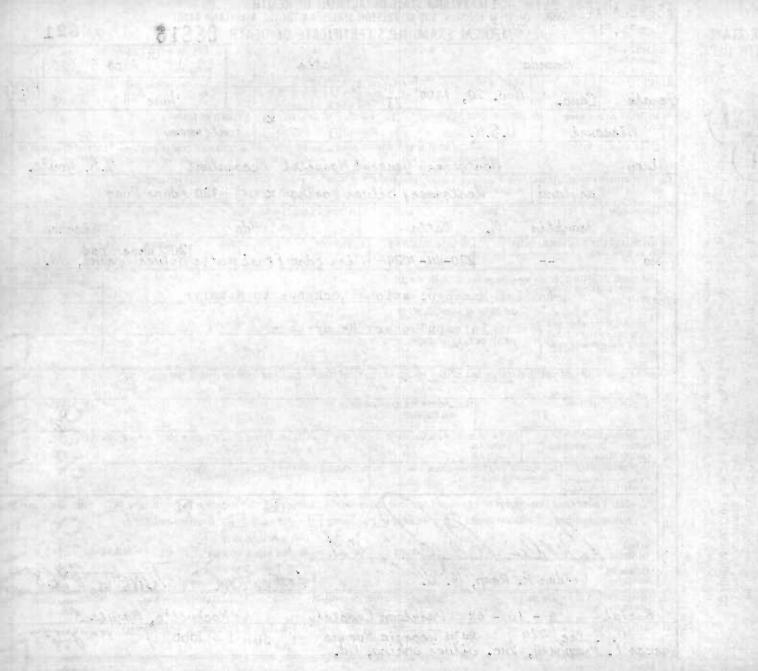
2015 00KT 32	June	To the Lak		51151	
	a 1 001	P P P	nd brid	ola	Zer
		X 25 ml		ALGREEN DO	lo integit
pay max	ر ه ا		and lack the ex		satind.
omicy) s	res usy	ng i savinto (re D y	1004	by attenti
			Helton, Jr Hei engilnelen	λ·od h.	107.1
to committee to	23,4.556	es is a minimal			
miles 18	ed Premiu Joa		Polysk unisis		
ston S	Ant Arrence of	youth Mila	Liber charte		
Yes		x x			
***************************************	di semi do	til nound sta	99 36 om.	ting and the second	Web Lines
20 June 2968	31 - 100				
en, Hartpual,		od neo mina u	Lordon, M.D.	IN . mensa	Hage T
			to de la company		
CONTRACTOR OF STATE					



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08820 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Inst 2a. DATE OF DEATH 2b. HOUR death. 24 hours after deoth the funerol (Type or print) 56 ARNER JUNE ours after 3. SFX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) MONTHS DAYS HOURS 2-19-YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED MINEVER MARRIED WIDOWED DIVORCED [MONTGOMER 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR within and in any event, within during mast of warking life, even if retired.) INDUSTRY remove corbon completely ENGIN 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed WASH STATE 13b. COUNTY YES [NO [14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle requires that the death certificate be 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war ar dates of service) SAME AS buriol, cremotion, or removal, WWI APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter array one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) signed by the buriol-transit Canditions, if ony, which gave) range rise to immediate cause (a). DUE TO, OR AS A CONSPOUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been as the prior to b CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO L director, page 3 should be detoched for use should be filed with the Stote Dept. of Health TO FUNERAL DIRECTOR: After this certificate by the hospitol or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY ATTENDING PHYSICIAN: 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION 21e. PLACE OF INJURY Street ar R.F.D. Na. City or Town County State While Not while at wark 220. I certify that (1) (this haspital) attended the deceased from Massow the deceased olive on lane 19 Lex, and that if (my) (our) opinion dead occurred on the date and hour and from the be retained couses stoted above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE **ATTENDING** STAFF DEGREE PHYS. DIRECTOR PHYS TO HOSPITAL 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 23a. BURIAL, CREMATION, 23b. DATE LQCATION (City or Town) (Caunty) (State) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. VR A15 (4) 30M REV, 1/68

top conduct Information LINDS Cornery Progress Pressis 2452 Commalised to tras as I was in 134 134 to the same of the same of the same of Then D. Himmy ma Borney and The second I John David Herman 4801 How Favorey La Ball with med

]	Int	24-68 Mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	I.		8821
HEALTH DEPT.		DECEASED NAME First Middle Lost 20. DATE KNOWN Month Do	
ay is 3 to Poge ent of		DEATH MATED DEATH MATED DEATH MATED	6 1968 N
delay and 3 M3 Po	3.5 Fe	SEX 4. RACE S. DATE OF BIRTH Nov. 20, 1894 6. AGE (in years if under 14 Hrs. 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIN. Month June Day 6	Year 1968 2d HOUR
10.0 m	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	17.0
		ntry) Missouri U.S.A. WIDOWED DIVORCED Montgomery	Mo
ove with the State of the State	-		S. KIND OF BUSINESS OR DUSTRY GOU t.
O . 10	130	DUSUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 320 Ednor Road	
24 hours in Item 18 is Office of 18 lond 2 vs offer d	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Ada	Lost Wickham
thin miner miner page	(WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (It yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 32. ADDRESS 17. INFORMANT 32. ADDRESS 17. INFORMANT 18. Social Security No. 18. Social Security No. 19. Wiss Edna Ethel Watts Silver Spring	nad Md.
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
vould be executed word "pending" in the Chief Medicol Erial-transit permit. F	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Exsanguination Shock due to Massive	
be exilonated with the control of th		Conditions, if ony, which gove) Let To the part Hemography the months are	
ould b		rise to immediate couse (o). Intrapulmonary Hemorrhage Oue To, OR AS A CONSEQUENCE OF	
should e word o the Cl ourial-tr		lost. (c)	
cate ng the ed 1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
is certifii te, writir forward e used a removol,	MOLL	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
0 0 0 0	CERTIFICATION	WAS PERFORMED?	YES NO
ifice Id or	MEDICAL CE	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	1B.)
≥ = 4 = = =	ME	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
ICAL EXA execute tor. Page ed for you CTOR: Pag burial, cre		22a. I certify that I taok charge of the remains described above, held an Autopsy . Inspection Inquiry	and in my opinion
pepury JICAL Excessory, please exect er funeral director. Po may be retained for FUNERAL DIRECTOR:	10	death resulted from: Natural causes , Accident, Suicide, Homicide, Undetermined manner	
TY please yy, please prol directs set aine table prior to be prior to be		ACTUAL SIGNATURE OF SIGNATURE (22b. DATE SIGNATURE) 22b. DATE SIGNATURE (22b. DATE SIGNATURE)	NED.
ory, be be pre		EVAMINED'S DEPUTY MEDICAL EXAMINER	Inia
o DEPUTY necessory, proceeding the funeral S may be roof FuneRAL Health price		NAME (Type) Belden R. Reap, M. T. ADDESTINE (Type) or country OUNE 6	,1768
ちゅきゃちょ	230	REMOVAL (Specify)	ounty) (Stote)
J.	24.	Surial 6-10-68 Parklawn Cemetery Rockville, Maryl	and.
VR A15ME (5) 10M REV. 1/68	Va	FUNERAL DIRECTOR Lee Whee 8434 Georgia Avenue 250 RECD BY REGISTRAR 196856. REGISTRARS SECTION DATE	0
	1134	The state of the s	



			MISSELLER			
C (e.L					a 115 **	
		: At ust 10 o		h't		Tc 1
	orci Jr•			iaj	2.tts	sud: Boss
	D 29	Canto	· 1air	Tho		Butlion
1.= -0.12	7300 001	le se eli	p: 4			Flo
at na		real 'ie' e' e''	.racl.	_st_		
		the Mine 1 Cent	A SHOW	. 3. 4.3		C C
C.		lo e oranioni	cll.	-, J. I.		
CID (C	J -5 2 3 2	10 % - 297 L	, c	Ti, c = /		
					,	
a, 29		E 50				
		1977				
		A PROPERTY OF		7 June		
te, 't'oll' ttiur', 't					, , ,	
e	, 110 1 10 7	O SSINI BULT	An all			
NAME OF THE PARTY			THOUGH			Distriction

MARYLAND STATE DEPARTMENT OF HEALTH tem#1,8,&12a Film#04 OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20 DATE OF DEAT 2b. HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) Month enwood Dov Bernard 3. SEX S. DATE OF BIRTH IF UNDER 24 HRS. 4. RACE 6. AGE (In veors IF UNDER I YEAR last birthday) MONTHS Male White April 11. 1917 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Washington D.C. America DIVORCEDITALX WIDOWED Z Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR **INDUSTRY** Takoma Park Sanitarium and in any event, wit remove corbon ern-GS 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Mary Land Prince 6809 Rigge George 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Last Jesse Welch Nellie Kidwell physician 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. MINEORMANIvelyn Tibbs-Adelphi Addrsryland (Sister) Yes, na. ar unknawn) 577-09-5048 burial, cremation, or removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Canditians, if any, which gave rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the Stote Dept. of Heolth prior to 17:00 Jus OR ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES T Page 4 moy be retoined by the hospital or 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day P.M. (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from speed 29, 1968, to have 18, 1968, that (I) (we) last causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S 110 COHEN NAME (Type) 23d. LOCATION (City or Town). (County) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE (State) Cemetery June 21,1968 REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Warner E. Pumphrey Inc. 8434 Ga. Ave. VR A15 (4) 30M REV. 1/68

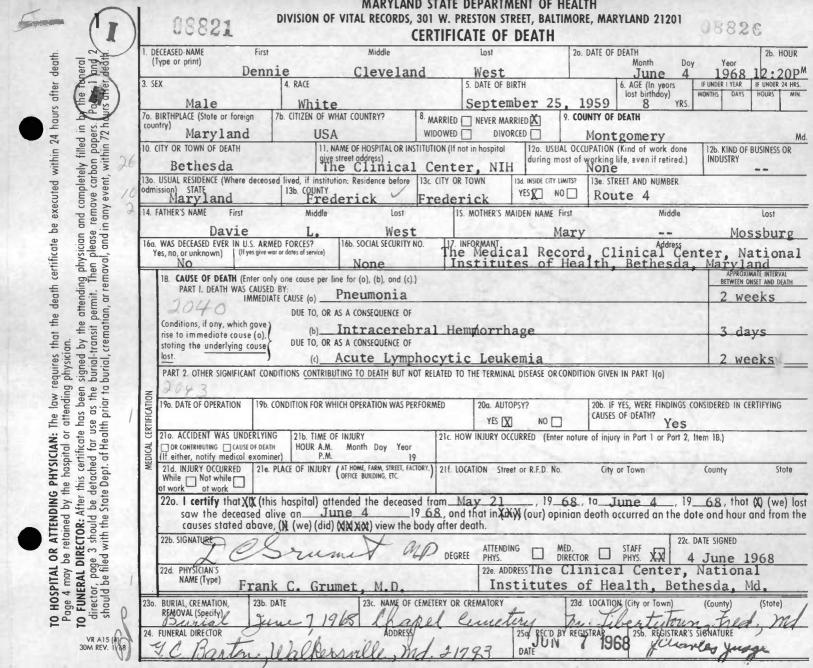
SUBSTITUTE CONTRACTOR OF THE PROPERTY OF THE P sint six and and a venilla site and a long same and a Language the farther to the first the second second

1	. 12			DI	VISION OF VI				REET, BALTI		YLAND 21201	088	24.
40.00	(M		08819					ATE OF					
	£ = 5 =		Tuno or print)	First		Middle		Last		2a. DATE OF		Day 68 Year	2b. HOUR
	funeral funeral i and ter deat		N	ora	DACE	none		Werts	-	0			11P M
	the fu	3. 9	Female	4	Negro			S. DATE OF BI 2/22/		- 11	6. AGE (In years lost birthdoy)	MONTHS DAY	
	by P. Paur		BIRTHPLACE (State ar foreign	7b.	CITIZEN OF WHAT	COUNTRY?	8. MARRIED [NEVER MAR	RIED	COUNTY OF	DEATH	3 36 1	
	24 F d in pers 72 I	B	atesburg, 5.0		USA		WIDOWED [RCED 🗌		Montgomer		Md.
	within 24 haurs after dately filled in by the fune papers. Pages 1 of t, within 72 haurs after date	10.	CITY OR TOWN OF DEATH Wheaton		give stree	OF HOSPITAL OR IN: et oddress) /ersity N			during mas	occupation st of working	(Kind of work don life, even if retired.	12b. KIND INDUSTRY	OF BUSINESS OR
	executed within 24 haurs after death a completely filled in by the funeral smove corban papers. Pages I and day event, within 72 haurs after death		. USUAL RESIDENCE (Where d	11				TOWN	YES NO		REET AND NUMBER 1 Kalorar	na Road,	, N. W.
	9 P	14.	FATHER'S NAME First		Middle	Last		5-7	AIDEN NAME Fir	st	Middle		Lost
	d in d		Enic	h		Pope							
	TENDING PHYSICIAN: The law requires that the death certificate be ined by the haspital ar attending physician. 78. After this certificate has been signed by the attending physician, and be detached far use as the burial-transit permit. Then please the State Dept. of Health priar to burial, crematian, ar remaval; and in		Yes; na, or unknawn) (If yes	ARMED F give war or d	FORCES? 16 dates of service)	b. SOCIAL SECURITY I	NO. 17. II	NFORMANT			Address		
	ng phy Then emava		18. CAUSE OF DEATH (Ent	er only an	ne cause per line f	far (a), (b), and (c).)			,	0 . 1	BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
	attendi attendi permit.		PART 1. DEATH WAS C	AUSED BY: MEDIATE C	AUSE (a)	retistal	LC B	res	ema	0/6	ledder	7-	8 mas.
	he catt per tian,		Canditions, if any, which g	ove)		CONSEQUENCE OF	1 6	Jama	- 000	tois		1	1010
	or the state of th		rise to immediate couse	(0).((0)	A CONSEQUENCE OF	9.0	riero	BULL	ours			
	es the		stoting the underlying colors.	use	(c)	CONSEQUENCE OF						U	
	equires that the physician. Signed by the burial-transit burial, cremati		PART 2. OTHER SIGNIFICAN	CONDITIO	ONS CONTRIBUTING	G TO DEATH BUT N	OT RELATED TO	THE TERMINA	L DISEASE OR CO	NDITION GIVEN	IN PART 1(a)		
	w re ding een the r to	No	181.0										
	IAN: The law requires the tall ar attending physician. ficate has been signed by far use as the burial-tranf Health priar to burial, cre	CERTIFICATION	19a. DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTO YES			YES, WERE FINDINGS OF DEATH?	S CONSIDERED IN	CERTIFYING
	PHYSICIAN: he haspital ar this certificate letached far us be Dept. of Healt			F DEATH		JURY Manth Day Year	21c. HC	W INJURY OCC	URRED (Enter	nature af injur	y in Part 1 ar Part :	2, Item 18.)	E STATE
	rspit reertif red t. of	MEDICAL	(If either, notify medical e		P.M.	HOME, FARM, STREET, FAC		CATION Stree	et or P.F.D. No.	City	or Town	Caunty	Stote
	OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certifice je 3 shauld be detached fa ed with the State Dept. of H		While Not while of work			HOME, FARM, STREET, FAI FICE BUILDING, ETC.		,					
	After d be constant		22a. I certify that (1) saw the decease	this he	aspital) attend	led the decease	ed from	that in (rec	, 19.6 ₮) (aur) opin	ian death a	ccurred on the	date and hau	at (#) (we) last
	TTEN aine OR: OR: nauld		causes stated a	pave, (I)	(we) (did) (di	d nat) view the	bady after o	leath.	,,,				
	OR A le ret lRECT lRECT d wit		22b. SIGNATURE	10 R	orma	n m	DEGR	ATTENDIN EE PHYS.	NG ME	D. RECTOR	STAFF 22	6 June	1968
	TO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspit TO FUNERAL DIRECTOR: After this certif director, page 3 shauld be detached shauld be filed with the State Dept. of		22d. PHYSICIAN'S NAME (Type)	J.	Lieber	rman		22e. ADD	RESS OS 6	Cent	ral Col	-Cap l	Lety lod
	HOS ige 4 FUNE recta	230		23b. DATE		23c. NAME OF	CEMETERY OR	CREMATORY		23d. LOCATIO	N (City or Town)	(Caunty)	(State)
	22 2 2 7	0.	REMOVAL (Specify)	6-	10-68	Ly	col	nelle	eson.	DECISION	elen)	No. CLONATURE	me
	VR A16 M	7	FUNERAL DIRECTOR		P= 1 1/2	16- HKES	YE /	Lone	DATE	NGT 4	1968 REGISTAN	become house	And I
	W	9	~~~ July	~	THE UN	were	(Whi	red !	DAIL				

	MAR TO SHOUL	#1820	
	1 22 10 E S		
		o	
 Cathorn S. C.	a district		

MAKTLAND STATE DEPAKTMENT OF HEALTH

			W. 1985
	T LONG-COT		
		In West Commit	Efficiency else
Charles San			
	secure fet geos	· Year a Comment	
Suff rentes at. An		ALIM N. I. a Pris	
Programme .s	Arrels	mea Y	les al
m, some co (A) a constant	distribution of the state of		DI 101
X			
			SEA LIN
10 / Jons 14 1768			
And America 256		on it is a second of the secon	



off of the last

dot-in sauto () in the contract of the contra

the subject to the salt in sould a parvount to trained one form

Stocklor.

AZZODÝ CO.

. Restord DADSH T Treath E

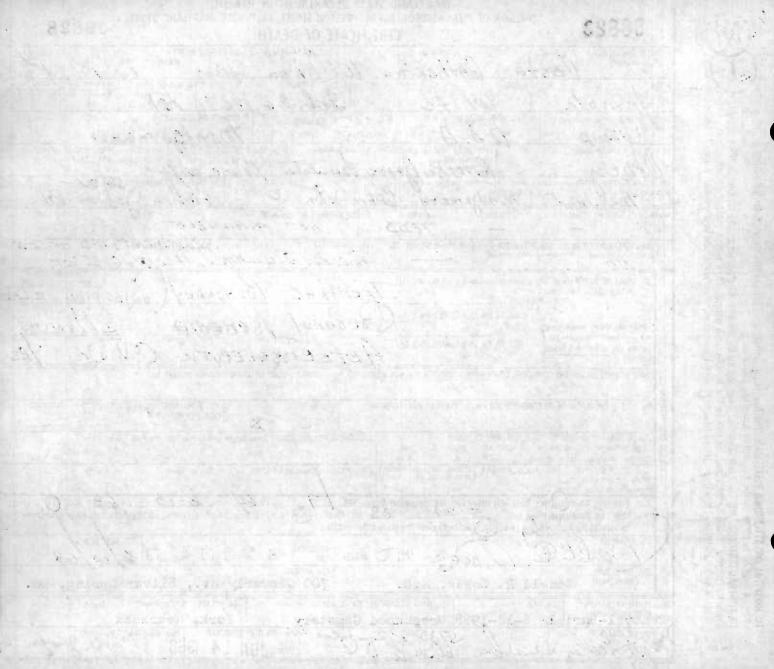
Local Charles Classes Control Control Control

BOEL I STATE THE STATE OF THE S

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08827 Lost DECEASED-NAME First Middle 20. DATE OF OEATH 2b. HOUR (Type or print) Month Yeor requires that the death certificate be executed within 24 hours after dea John Wiley, III Albert. Tune 10:00% 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR DAYS HOURS White January 30, 1968 Male signed by the ottending physicion ond completely filled in by burial-tronsit permit. Then pleose remove corbon papers. Pburial, cremation, or removol, ond in any event, within 72 hou 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X country) USA WIDOWED DIVORCED Naryland Montgomery, 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.) give street oddress) INDUSTRY Clinical Center, NIH Bethesda 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before \$13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTX 11egany admission) STATE YES NO [317 Grand Avenue Cumber land Maryland 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Roach Albert Wiley. Jr. Gloria John 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Bethesda. Address Yes, na, ar unknawn) (If yes give war ar dates of service) The Medical Record, Clinical Center, Md. None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Bilateral interstitial pneumonia 5 days DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Acute lymphocytic leukemia 2 months rise to immediate couse (o), OUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to hos been OR ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES K Yes TO FUNERAL DIRECTOR: After this certificate be retained by the hospitol or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 220. I certify that NX(this hospital) attended the deceased from April 2 , 19.68 , to June 4 , 19.68, that (N) (we) lost saw the deceased alive on June 4 , 1968 , and that in KWX(our) opinion death occurred on the date and hour and from the causes stated obove, XIX (Ne) (did) (dix NOX) view the body after deoth. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED.
DIRECTOR STAFF PHYS. June 4, 1968 22e. ADDRESS Clinical Center, National Institut of Health, Bethesda, Maryland PHYSICIAN'S NAME (Type) Robert G. Graw. MD 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, BEMOVAL (Specify) June 6,1968 Restlawn Memorial Park Cumberland, Allegany, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Scarpelli, Cumberland, Md.

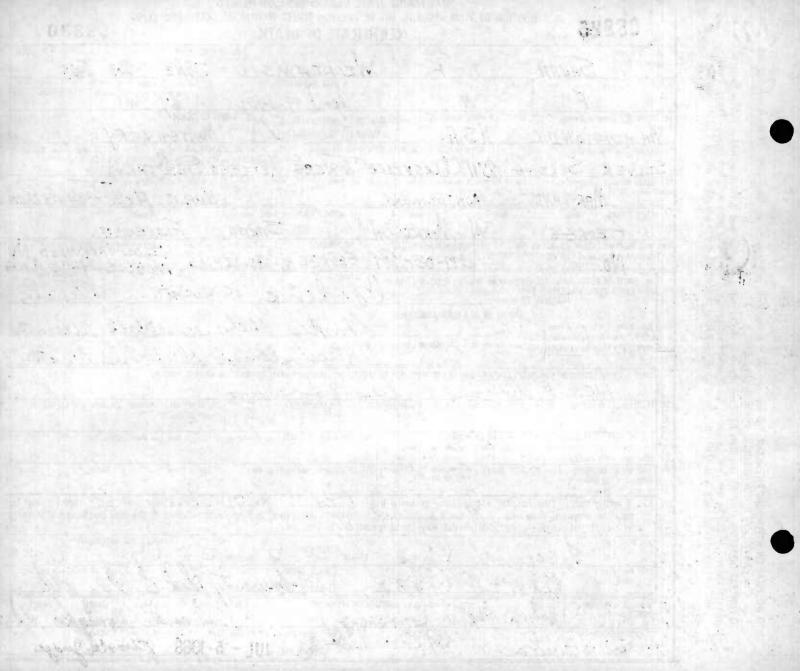
TO THE STATE OF TH		93890	
oftheet a multi- the world	tauth.		
Tenuery and 1969	ozins.		
	L DSA	inglytok	
	ores Included	, set make the	
priovi amed Cla. I Section	r X — nyang aji k A	nama yang K	
	allower states and	nost.	
. Decorate property of the control o	ic ,		
The second secon			
and the Total Control of the Control			3
	laser it ener it		
Sec	A DAME - CO		
	. Uk (0000 .0 0		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08828 CERTIFICATE OF DEATH LOST WILKINS | 20. DATE OF DEATH Middle 1. DECEASED-NAME within 24 haurs after death (Type or print) Month 6. AGE (In years lost birthdgy) 4. RACE IF UNDER 1 YEAR transit permit. Then please remave carban papers. Pages cremation, ar removal, and in any event, within 72 hours after 3. SEX S. DATE OF BIRTH filled in by the ZHTROM DAYS HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED V DIVORCED [12o. USUAL OCCUPATION (Kibe of work done Wb. KIND OF BUSINESS OR 10. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) during most of working life, even if retired.) NDUSTRY campletely 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 621 that the death certificate be executed YES NO 14. FATHER'S NAME 15/MOTHER'S MAIDEN NAME First First 7000 NOT AUBILABLE physician 16b. SOCIAL SECURITY NO 17 INFORMANT PSCECTIMONET, MO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) PADREW C. WILKINS APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) burial-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ERIOSOLEROTIC burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) priar ta k as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO X YES . be detached far use State Dept. af Health 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State O FUNERAL DIRECTOR: After this While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from . 19.64 to 6-10 _1968, and that in (my) (our) apinian death accurred an the date and have and fram the saw the deceased alive andirector, page 3 shauld shauld be filed with the causes stated abave (M) (we) (dld) (did nat) view the bady after death. 22c. DATE SIGNED. 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PMYSICIAN'S NAME (Type) Donald R. Lewis, M.D. 700 Cloverly St., Silver Spring, Nd. 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) York, Nebraska 6-12-1968 Greenwood Cemetery 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charles DATE JUN 30M REV, 1/68



					*,	
1 1988		· C	ortingain sig		nita5	
	1879 88	1911		PI		
	van ogeneel			SEU		
Book .	el veauoli		dss 'vol	24	5013 let S 638	
	MA TOP THE		in O Vicus	ajn.X	Mariland	
		ener V		20 (23	to a very	
egan rich sa	ATE MEDILIN .T.	and lov you	— 1		DC	
		a la stro	problem epite			
			SALE TO THE			
Jure 3, 195			4		-4-00E2	
		and I			PY T	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08830 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2o. DATE OF DEATH 2b. HOUR ease remove carbon papers. Pages 1 ond 2 ond in ony event, within 72 hours after death. within 24 hours after death puo (Type or print) Month 3. SEX DATE OF BIRTH 6. AGE (In years 4 RACE IF LINDER 1 YEAR IF LINDER 24 HRS lost birthdoy) HOURS YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [NEVER MARRIED completely filled in DIVORCED TO WIDOWED 120. USUAL OCCUPATION (Kind of work done during most of workingdife, even of retired.) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR INDUSTRY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e STREET AND NUMBER be executed odmission) STATE 13b. COUNTY YES [NO [14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First pud AKAH sicion of oleges certificote SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or wollnown) (If yes give war ar dates of service) burial, cremotion, ar removal, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) TWEEN ONSET AND DEAT requires that the deoth PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove burial-tronsit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) **J FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior tall 206/ AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [4 moy be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 220. I certify that (I) (this hospital) attended the deceased from. _19 68, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive oncauses stated abaye, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e_ADDRESS NAME (Type) So. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. COCATION (City or (County) (StoteL KEMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATU 5 30M REV. 1/68



20d. INJURY OCCURRED

Not While

of work

While

of work

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

(City or town)

(County)

DATE SIGNED

08831

Dov

12. CITIZEN OF WHAT **COUNTRY?**

IF UNDER 1 YEAR

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO V

(Stote)

(Stote)

21. I certify that (1) (this haspital) attended the deceased fram.

saw the deceased alive an 68, and that death accurred at 2 100 M, fram causes and an the date stated above 220. SLONATUR

23b. DATE THEREOF

22d. ADDRESS

DIRECTOR OCKVILLE

1968, ta

20 23d. LOCATION (City or Town)

PHYS

(County)

335

24. FUNERAL DIRECTOR

20c. TIME OF INJURY Month, Dov. Year

Hour o.m.

HYSICIAN'S

BURIAL CREMATION.

REMOVAL (Specify)

S, T. RYAN, INC & BEEG . 317 PA. AVE, S. E

23c. NAME OF CEMETERY OR CREMATORY

2So. REC'D BY REGISTRAR

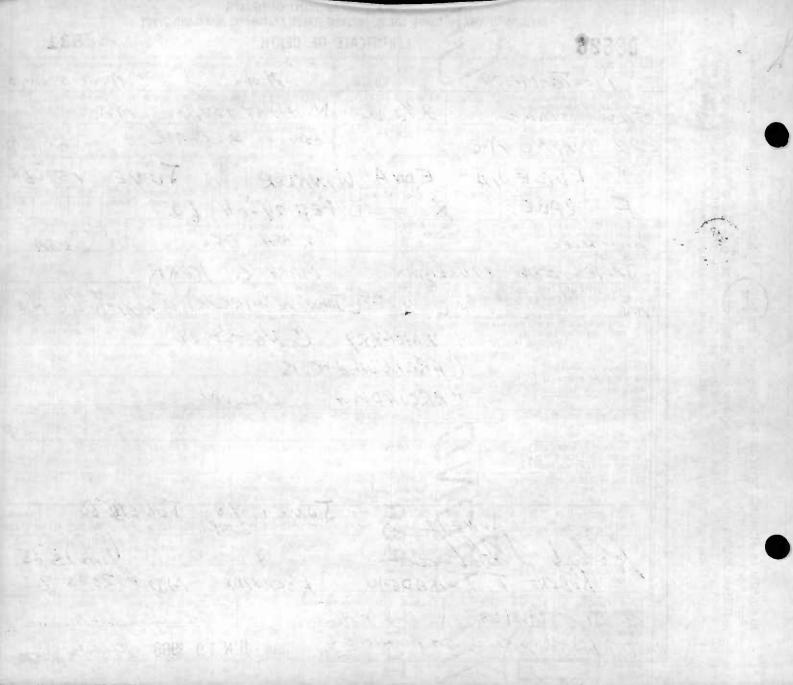
Sb. REGISTRAR'S SIGNATURE

DATE

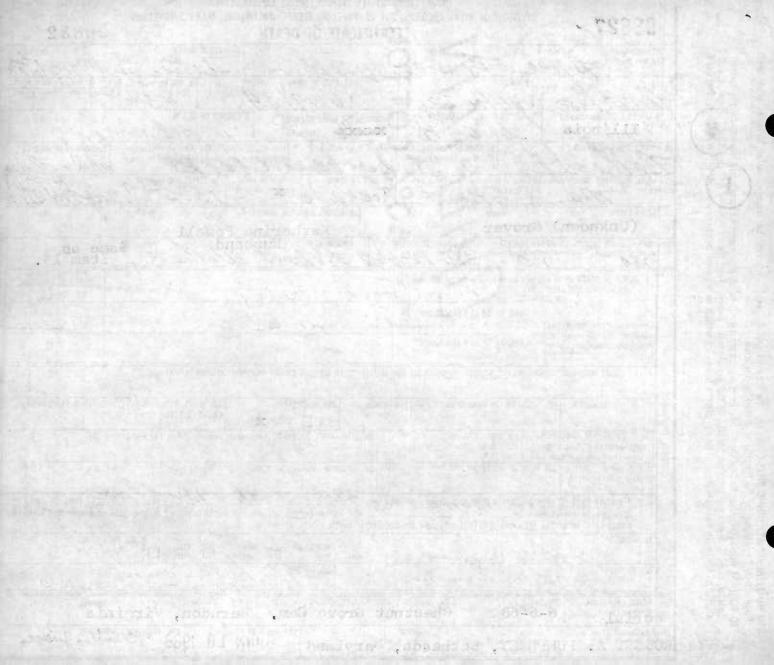
9 VR A15 (4) 25M 1/67

FUNERAL DIRECTOR: After this

director, page 3 shauld shauld be filed with the



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5832 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) Month 5. DATE OF BIRTH IF UNDER 1 YEAR 4. RACE 6. AGE (In years last birthday) MONTHS DAYS To. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Illinois NO MORE 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND 0 BUSINESS OR during post of warking life event retired.) INDUSTRA 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CPPO OR 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO T burial, cremotion, or removol, ond in ony IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle (Unknown) Grover Katherine Powell Address Same as 16b. SOCIAL SECURITY NO. Husband 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ar unknown) Item 13. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) v heumatic signed by the burial-tronsit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at work ATTENDING 22a. I certify that (I) (this haspital) attended the deceased fram 1900, and that in (my) (our) opinian death accurred an the date and haur and fram the causes stated above (1) (we) (did) (did nat) view the bady after death. 22h. SIGNATURE 22c. DATE SIGNED STAFF PHYS. **ATTENDING** 41/0068 DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS TO FUNERAL NAME (Type)) Offr wyman m MAUL DINO 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) 23b. DATE 6-6-68 Chestmut Grove Cem. Herndon, Virginia 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) ROBERT A. PUMPHREY, Bethesda, Maryland 30M REV. 1/68

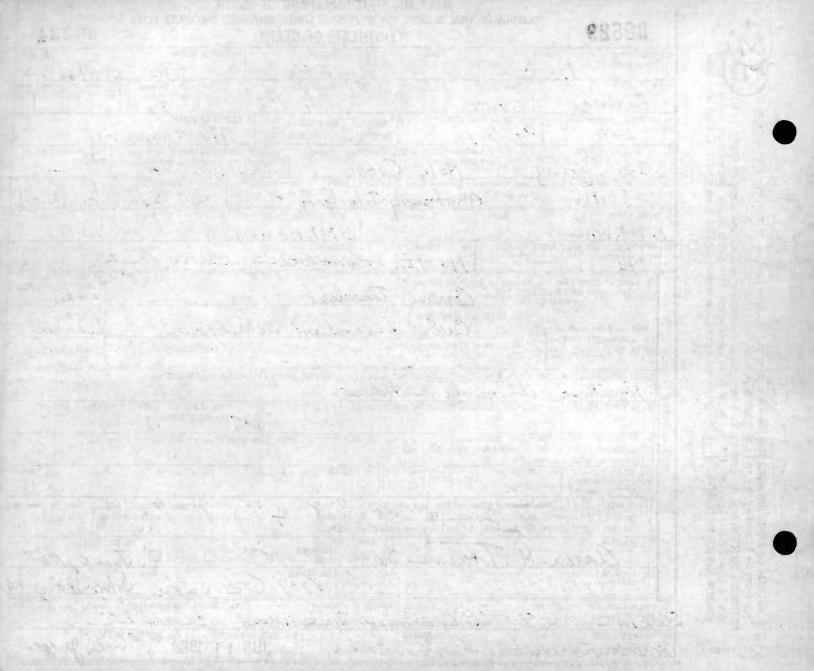


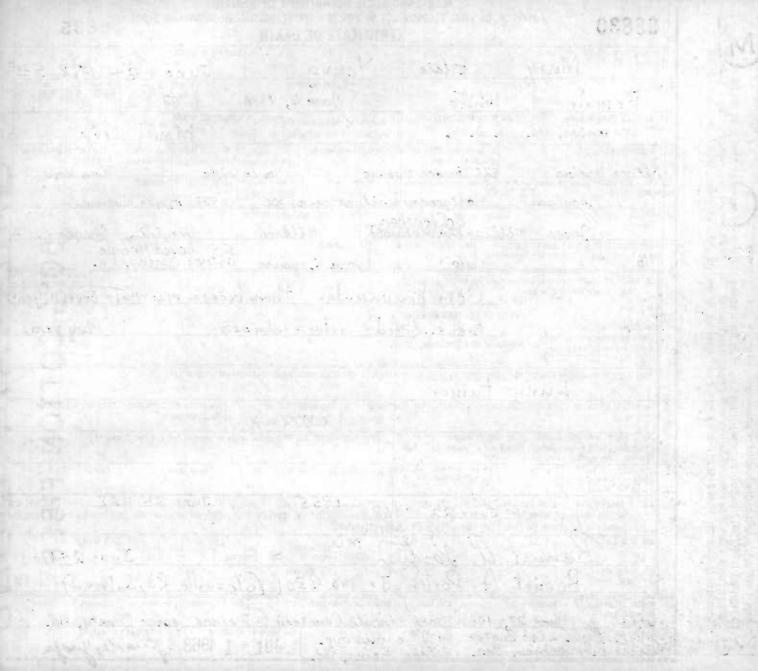
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08823 08833 CERTIFICATE OF DEATH Middle Last 1. DECEASED-NAME First 20. DATE OF DEATH 2b. HOUR (Type or print) H. June Renton after 3. SEX 4. RACE 5. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS white May 26 uted within 24 hours leose remove carban papers. Pa and in any event, within 72 hours 70. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED DIVORCED [WIDOWED [filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done OR TOWN OF DEATH 2b. KIND OF BUSINESS OR give street address during mast of working life, even if retired.) **INDUSTRY** ** mpletely 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER odmissian) STATE 13b. COUNTY 14. FATHER'S NAME Middle Middle 1S. MOTHER'S MAIDEN NAME First OLL physician requires that the deoth certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) burial, cremotion, or removal, APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEA PART 1. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o' prostate Canditions, if ony, which gave signed by the burial-transit p rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF be retoined by the hospital or attending physician. stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) this certificate has been detoched for use os the te Dept. of Health prior to 19a. DATE OF OPERATION 19b. MOITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port) ar Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year P.M (If either, notify medicol exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State Dept. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (this hospitel) attended the deceased fram flanch 26, 1968, to Livne 21, 1968, that (I) (we) last saw the deceased alive an June 21 1968, and that in (my) (our) apinian death accurred an the date and haur and fram the ta Lune 21, 1968, that (1) (we) last pe director, page 3 shauld should be filed with the O FUNERAL DIRECTOR: (we) (did) (did not) view the bady after death. causes stated abave, (1) ATTENDING DIRECTOR PHYS. PHYS. TO HOSPITAL Page 4 moy b 22d. PHYSICIAN'S 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (State) BREMOVAL (Specify) Parklawn Rockville, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Funeral Home VR A15 (4) ock. 1968 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

Beating H. 4 The B. Line 22 Might make white mayer week to get 114 ary 1.1.C. 21.5 A Went growing Color Island Montgoney Colon She " 6629 8/6+ 54 6.1 Thomas 578-0-8815 Wife - Same Unema 3 weeks Cancer of prostate 3 years Growy who time time of and so her dimes, 61 allen Je Trullomo Allen J. O'Noill MD 8801 Bld Georgefaire M. Settlem 1948 Parents 1948 Parents 1949

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08829 05834 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR buriol-transit permit. Then please remove carbon popers. Pages Tandaburiol, cremotion, or removol, and in any event, within 72 hours after death (Type or print) Manth 7.00 PM wne 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. DATE OF last birthday) MONTHS DAYS YRS OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Ξ lon toone WIDOWED [DIVORCED filled 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 120. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) NOUSTRY carbon completely OUSECUIFE 13a. USUAL RESIDENCE Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO 14 FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle ond physician (12 W/ 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, of unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL attending permit. The 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ralized arteriorchers the signed by the buriol-transit Conditions, if any, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detached far use as the te Dept. of Health prior to has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO TA TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical exominer) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. No. director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Nat while at wark of work 22a. I certify that (I) (this hespital) attended the deceased from ________, 1955_, ta________, 1966_, that (I) (we) last saw the deceased alive an ________. 1966_, and that in (my) (eur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR airen au DEGREE TO HOSPITAL 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOSATION (City or Town) **BURIAL, CREMATION** (Caunty) REMOVAL (Specify) CHEV HOLOM IALME -1A FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR VR A15 (4) 1968 SOLDEERG FUNERAL 30M REV. 1/68





Corner-Reop notified FINDER SINS MILE MODERNING TO MICE TO THE RELIGIOUS OF THE PARTY CONDENSE TO THE PROPERTY OF THE PARTY OF C. some The strength on HOTELOTHIS.